Commercial Certificate of Occupancy
Township of Lakewood Department of Inspections
212 4th Street Lakewood, NJ 08701
(732) 364-3760

Fee: **$150** Cash: _____ Check #: _____ Credit Card: _____
Reinspection Fee: **$55** Cash: _____ Check #: _____ Credit Card: _____

Address to be Inspected: _____ Unit #: _____
Block: _____ Lot: _____ Zone: _____ Use Group: _____
Name of Business: _____
Name of Tenant: _____
Mailing Address of Tenant: _____
Tenant Phone #: _____ Tenant Cell Phone #: _____
Email: _____
Name of Previous Tenant: _____
Name of Property Owner: _____ Owners Phone #: _____
Address of Property Owner: _____
Proposed Use: _____
Prior Use: _____
Property Owner: _____ Signature: _____
Business Owner: _____ Signature: _____

Water: WELL: ____ City Water: ____ Name of Water Supplier: _____
***Current Well Certificate <u>is required</u>.** Is it valid for up to 6 months? Yes: ____ No: ____
***<u>Food Establishments must have</u> prior approval from the Ocean County Board of Health.**
Will there be any alterations or modifications to the premise that will require a permit? _____
If so, has a permit been taken out? Yes: __ No: __ Permit #: _____ Control #: _____
Has a Certificate of Occupancy/Certificate of Approval been issued? Yes: ___ No: ___

<u>For Official Use Only</u>

Fee Processed On: _____ Case #: _____

Use is Conforming: Yes: ___ No: ___

Zoning Officer: _____
Francine Siegel, Zoning Officer

Approved: Date: _____ Inspector: _____

Denied: Date: _____ Inspector: _____

Certificate of Approval: _____
Jeremy Kuipers, Construction Official

CCO Sticker #: _____

Updated 6/8/2026