



WEST DEPTFORD TOWNSHIP  
**NON-RESIDENTIAL CERTIFICATE OF OCCUPANCY INSPECTION**  
 DIVISION OF CONSTRUCTION

Please make checks payable to West Deptford Township

APPLICATION DATE: \_\_\_\_\_

**NEW BUSINESS INFORMATION**

Applicant Name

Applicant Address

Business Name

Phone Number

Emergency Phone Number

Email Address

**ACTIVITY/LOCATION INFORMATION**

Description/Intended Use of Business

Number of Employees

SF of Premises

Number of Parking Spaces (Existing/Proposed)

**PROPERTY OWNER INFORMATION**

Property Owner Name

Property Owner Address

Phone Number

Emergency Phone Number

Email Address

**CERTIFICATION**

I hereby certify that the statements herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

Applicant Signature

Print Name & Title

Date

**OFFICIAL USE ONLY**

DO NOT WRITE BELOW THIS LINE

TYPE: Initial Inspection \$60.00    Less Than 48 Hour Inspection \$120.00    Re-Inspection \$30.00    TCO Inspection \$30.00

Pass

Fail

Signature

Application #:

Water Meter Compliant?

YES

NO

Check/MO #:

Received Date:

John Austin, Fire Marshal