



**BOROUGH OF CHATHAM  
COMMERCIAL**

54 Fairmount Avenue  
Chatham, NJ 07928  
973-635-0674

**CERTIFICATE OF CONTINUED OCCUPANCY APPLICATION FEE \$100.00**

Date of Inspection: \_\_\_\_\_ Permit # \_\_\_\_\_

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

Address of  
Inspection: \_\_\_\_\_

Property Owner:  
\_\_\_\_\_

Property Owner's Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

- Inspections are scheduled after application fee is paid.
- The attached checklist must be at the property on the day of inspection.
- After the inspection, return of attached checklist and after all construction permits have been closed, the CCO Certificate may be picked up in room #216.

Contact person on date of inspection:

Property Owner

Agent

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Inter-Office Use Only:

Madison Construction Office pursuant to Uniform Construction Code, N.J.A.C. 5:23-2 et seq.

Request for record of closed/open permits

# Borough of Chatham

54 Fairmount Avenue  
Chatham, New Jersey 07928

## COMMERCIAL

### Continuing Certificate of Occupancy Checklist

Owners Name: \_\_\_\_\_

Address of Inspection: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Item			
Utilities Paid in Full	( )	Signed:	
	<b>Pass</b>	<b>Fail</b>	<b>Comments</b>
Address Number			
Fire Alarm Report			
Fire Sprinkler Report			
Carbon Monoxide			
Furnace & Flues			
Hot Water Heater			
Electric Panel			
Cover Plates			
Sump Pump			
Handrails			
Sidewalk			
Fire Extinguisher(s)			
General Safety			
Contact Form			
Other			
Approved:			Date:

- Electrical panels are required to have doors, and they must be easily accessible.
- Street address numbers are required for the “911” system. The numbers must be a minimum of 3 inches high, contrast with their background, and be visible from the street.
- Extension cords are not permitted. Fused plug strips are permitted if plugged directly into outlet. All receptacles, switches, dimmers, etc. must have plates.
- Sump pumps may not discharge into the sanitary sewer system.
- Sump pump pits must have sturdy covers over the pit.
- Handrails are required on any stairway with more than three risers. The handrail height must not be less than 34 inches nor more than 38 inches, when measured vertically from the nose of the tread.
- Utilities must be paid up to date.
- Street numbers are required for the “911” system. The numbers must be a minimum of 3 inches high, contrast with their background, and be visible from the street.
- The inspector will check for general safety with regard to such things as sturdiness of railings, condition of decks, loose doors or shutters, sagging gutters, decayed porches and steps, etc.
- Fire extinguishers should be located in conspicuous locations along normal paths of travel where they will be readily accessible and available for use. Hand held portable fire extinguishers not housed in cabinets, shall be installed on hangers or brackets. Portable fire extinguishers having a gross weight not exceeding 40 lbs. shall be mounted so that the top is not more than 5 feet above floor, fire extinguishers having a gross weight exceeding 40 lbs. shall be mounted not more than 3.5 feet above floor.
- **Information on the new owner/occupant must be provided (on attached sheet).**



# Borough of Chatham



**Fire Safety Bureau**  
MUNICIPAL BUILDING  
54 FAIRMOUNT AVENUE  
CHATHAM, NEW JERSEY 07928  
973-701-6815 • Fax: 973-635-2417

## FIRE INSPECTION REGISTRATION FORM

(PLEASE PRINT OR TYPE ALL INFORMATION)

Length \_\_\_\_\_ Width \_\_\_\_\_ Total Sq ft. \_\_\_\_\_

REGISTRATION INFORMATION

Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Phone#: \_\_\_\_\_

Do you... **OWN / LEASE** the property (circle one)

Building Owner's Name: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

### Emergency Contacts:

#1: \_\_\_\_\_ Phone#: \_\_\_\_\_

#2: \_\_\_\_\_ Phone#: \_\_\_\_\_

#3: \_\_\_\_\_ Phone#: \_\_\_\_\_

REGISTRATION INFORMATION

Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

**Alarm / Suppression System Information:**

**Describe System:** \_\_\_\_\_

**Monitoring Co. Name:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Description of use / occupancy of this building / business:**

\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE**

**Signature:** \_\_\_\_\_

**Print Name / Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Agent: Name** \_\_\_\_\_

**Agent: Address** \_\_\_\_\_

\_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_