MILLBOURNE BOROUGH
APPLICATION FOR CERTIFICATE OF OCCUPANCY

ADDRESS OF PROPOSED USE_________________________________________________________
OWNER OF BUILDING OR PROPERTY___________________________________________________
OWNER'S HOME ADDRESS __________________________________ PHONE ______
CITY________________________________ STATE____ ZIP CODE_______________________
TENANT (if applicable)_________________________ HOME PHONE_____________________
TENANT'S HOME ADDRESS __________________ BUS. PHONE__________________________
CITY_________________________________ STATE____ ZIP CODE_______________________
TYPE OF BUSINESS____________________ TRADE NAME______________________________

IF THE BUSINESS IS A SIT DOWN RESTAURANT, WHAT IS THE SEATING CAPACITY?__________
WILL YOU BE USING A BASEMENT AREA?  YES ( ) NO ( ) if yes, number of Exits________
WHAT IS THE FLOOR AREA(SQUARE FEET)____________
ARE THERE LIGHTED EXIT SIGNS YES ( ) NO ( )
IS THERE EMERGENCY LIGHTING YES ( ) NO ( )
HOW MANY BATHROOMS________

WILL YOU BE USING A FIRST FLOOR AREA? YES ( ) NO ( ) if yes, number of Exits________
WHAT IS THE FLOOR AREA(SQUARE FEET)____________
ARE THERE LIGHTED EXIT SIGNS YES ( ) NO ( )
IS THERE EMERGENCY LIGHTING YES ( ) NO ( )
HOW MANY BATHROOMS________

WILL YOU BE USING A SECOND FLOOR AREA? YES ( ) NO ( ) if yes, number of Exits________
WHAT IS THE FLOOR AREA(SQUARE FEET)____________
ARE THERE LIGHTED EXIT SIGNS YES ( ) NO ( )
IS THERE EMERGENCY LIGHTING YES ( ) NO ( )
HOW MANY BATHROOMS________

WILL YOU BE USING A THIRD FLOOR AREA? YES ( ) NO ( ) if yes, number of Exits________
WHAT IS THE FLOOR AREA(SQUARE FEET)____________
ARE THERE LIGHTED EXIT SIGNS YES ( ) NO ( )
IS THERE EMERGENCY LIGHTING YES ( ) NO ( )
HOW MANY BATHROOMS________

WILL YOU BE USING ANY OTHER AREA? YES ( ) NO ( ) if yes, number of Exits________
WHAT IS THE FLOOR AREA(SQUARE FEET)____________
ARE THERE LIGHTED EXIT SIGNS YES ( ) NO ( )
IS THERE EMERGENCY LIGHTING  YES ( ) NO ( )
HOW MANY BATHROOMS ________

IS THE BUILDING (INCLUDING THE BASEMENT) PROTECTED WITH FIRE RATED MATERIAL? YES ( ) NO ( )

IS THE BUILDING SRINKLERED? YES ( ) NO ( )

HOW MANY EMPLOYEES WILL BE ON THE PREMISE? ______________________

WILL ANY EXISTING SIGNS BE CHANGED? YES ( ) NO( )
(A separate permit is required for changes to existing signs or installations of new signs)

IF YES, TYPE OF SIGN_________________________________________________

______________________________________________________________

NAME OF APPLICANT (Please print) SIGNATURE OF APPLICANT