



# TOWNSHIP OF EWING

## Commercial

### Tenant Change or Property Transfer

MUNICIPAL COMPLEX 2 JAKE GARZIO DRIVE, EWING, NJ 08628 (609) 883-2900 Ext 7676 FAX (609) 406-1384

#### ADDRESS OF PROPERTY TO BE INSPECTED:

(ADDRESS, UNIT NUMBER, BLOCK/LOT)

APPLICANT'S NAME: _____ OWNER'S NAME: _____ OWNER'S ADDRESS: _____ CITY/STATE _____ ZIP: _____ PHONE: _____ LOCK BOX# _____	BUYER/TENANT NAME: _____ BUYER/TENANT ADDRESS: _____ CITY/STATE _____ ZIP _____ BUYER/TENANT PHONE #: _____ EMAIL ADDRESS _____
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Be advised that for all businesses requiring Health Inspection, the applicant **MUST** have Health Department Approval prior to obtaining a Certificate Inspection. Construction Office will not go out for an inspection until the Health Department has provided approval (*Examples of which are included on reverse side*). If you are changing the use group or the Land Use of an existing business then you will be required to have Construction Approval and/or Zoning Approval as appropriate.

- Survey Submitted with application (*Required*)
- Project Summary. (**DETAIL Required**) Summary should be as detailed as possible and include the nature of the business being established, whether it is retail, wholesale, professional office, etc. Whether it serves the public, takes appointment, etc. Dedicated parking if appropriate, etc. Photos and anything else that will assist the review process are welcomed. **Leaving this section vague will result in rejection.**

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#### **COST OF COMMERCIAL C/ O \$200.00**

COMPLETED REPORT: PICKUP \_\_\_\_\_ OR MAILTO : \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

A CO indicates that a visual inspection of the above structure was performed to ensure compliance with the International Property Maintenance Code, 1998 edition. A CO by no means constitutes nor acts as a guarantee of any part of the structure.

HEALTH DEPARTMENT APPROVAL

ZONING OFFICER APPROVAL

#### \*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ OPEN PERMITS: NO Yes PERMIT NUMBER \_\_\_\_\_ Ref # \_\_\_\_\_

CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ AMOUNT \_\_\_\_\_

COLLECTED BY \_\_\_\_\_ DATE \_\_\_\_\_

**Businesses Requiring Health Approval include, but are not limited to.**

1. Food Establishments
2. Mini Mart / Dollar Stores / Pharmacies that have intentions of selling food (packaged or otherwise)
3. Gas Stations that have intentions of selling food (packaged or otherwise)
4. Day Care for children OR adults
5. Pet stores & Kennels
6. Tanning Salons & Tattoo Parlors
7. Pools
8. Churches that will have or have kitchens- that either exist & with requests for renovation of existing kitchen that services the public
9. Fire Stations- kitchen remodeling
10. Liquor stores / Bars
11. Kitchens in hotel
12. Poultry establishments / Meat stores
13. Farmers Market / supermarkets
14. School kitchens – construction or remodeling

