



APPLICATION FOR CERTIFICATE

Permit # _____
Date Issued _____
- or -
Control # _____
Certificate Application Received: _____
Certificate Issued: _____

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____
TENANT _____
Owner in Fee _____ Address _____
Address _____ Tel. _____
Tel. _____ License No. _____
Federal Employee No. _____

ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

- OWNER
- AGENT



BURLINGTON TOWNSHIP

DEPT. LICENSES AND INSPECTIONS

851 Old York Road, Burlington Township, NJ 08016 • Phone (609) 239-5847

Fax (609) 239-4425

MICHAEL WRIGHT
Construction Official

APPLICATION AND USE PERMIT

ADDRESS _____ BLOCK _____ LOT _____
Zone in which located _____

Describe proposed structure and/or use _____

Owner _____
Address _____
(If different from above)

Date _____ Phone # _____
Signed _____
(Owner / Applicant)

Attached plans, survey or accurate sketch showing all structures existing on Property,
Property Dimensions and Setbacks.

(Applicant Should Not Write Below This Line)

The foregoing application and attachments have been examined and found to be in () not in ()
accordance with the terms of the Zoning Ordinance and the following action has been taken:

- () Use permitted by Ordinance
- () Use permitted by variance approved on _____
subject to any special conditions attached to the grant thereof.
- () Use permit is denied for non-compliance with the provisions of Section _____
for the following reasons: _____

() _____

An appeal of the decision may be taken by filing such appeal with the Land Use
Administrator within Twenty (20) days from the date of this notice
(N.J.S.A. 40:55 D-72)

Date

Zoning Officer



BURLINGTON TOWNSHIP POLICE DEPARTMENT
851 Old York Rd.
Burlington, New Jersey 08016



Emergency Contact Information

To assist Burlington Township Police Department with maintaining the safety of your business and our community we request that your business maintain a current emergency contact list. We request you notify us if the following important information changes.

- Name of Business
- Change of business address within Burlington Township
- Change in persons to be notified by police of emergency
- Change in phone numbers of business or contact persons

We request up to three people be listed your emergency contact list so that timely notifications can be made about your business 24 hours a day.

To update your emergency contact information please call

609-386-2019



BURLINGTON TOWNSHIP POLICE DEPARTMENT
851 Old York Rd.
Burlington, New Jersey 08016



Burlington Township Police Department has begun utilizing a new service for you to access important, valuable community information when you need it, using the latest technology.

Our agency will create and publish messages through the Nixle Community Information Service. Nixle will then deliver this information to you instantly via text, email and/or web message. Notifications can also be accessed online at Nixle's web site at www.nixle.com.

Example messages include press releases as well as other relevant criminal activity, traffic safety and community information.

The service is secure, reliable and easy for our group to use. **YOU** decide what information you want and whether you want it sent to your cell phone, email, or just simply over the web.

Please register now at the company's main web site: www.nixle.com. There you can also access their Frequently Asked Questions or you can call Sgt Brintzinghoffer at 609-239-5889.



When seconds count, we'll give you a call.

From evacuation notices to missing child reports, you'll be among the first to receive vital information from Burlington County Emergency Management with an automatic call.

Visit www.burltwppd.com to register to receive calls. When you register, you are registering for both the Township and the County.

GLOBAL CONNECT

www.gc1.com



BURLINGTON TOWNSHIP

DEPT. LICENSES AND INSPECTIONS

851 Old York Road,

Burlington Township, NJ 08016 • Phone (609) 239-5847
Fax (609) 239-4425

APPLICATION FOR FOOD ESTABLISHMENT LICENSE

MICHAEL WRIGHT
Construction Official

DATE _____

BUSINESS NAME _____

ADDRESS _____

PHONE NUMBER _____

NAME OF APPLICANT _____

ADDRESS _____

PHONE NUMBER _____

MOBILE VENDORS

LICENSE PLATE NO. _____

(FILE SEPARATE APPLICATION FOR EACH VEHICLE)

MOBILE VENDORS MUST PROVIDE A COPY OF VEHICLE
REGISTRATION CERTIFICATE.

FROZEN DESSERT VENDORS MUST HAVE VEHICLES INSPECTED
BY BURLINGTON TOWNSHIP POLICE DEPARTMENT TRAFFIC
DIVISION.

(SIGNATURE OF APPLICANT)

FEES

OUR NO. _____

\$25.00 RETAIL FOOD ESTABLISHMENT, PERMANENT LOCALE.

10.00 TEMPORARY RETAIL ESTABLISHMENT

25.00 MOBILE VENDORS

CHECK No. _____

CASH _____

COLLECTED BY _____