



Use & Occupancy Application

NOTE: A FINAL INSPECTION MUST BE SCHEDULED PRIOR TO OCCUPANCY

Tenant Business Name: _____

Tenant Business Address (include suite/floor):

City, State & Zip Code: _____

Business Owner Name: _____

Email: _____ Phone: _____

Property Owner Name: _____

Property Owner Address: _____

City, State & Zip Code: _____

Email: _____ Phone: _____

PROPOSED Type of Business (description of activity):

Zoning District: _____ Square Footage of leased space: _____

Proposed Number of Employees: _____ Number of Vehicle Parking Spaces: _____

Tenant Signature: _____ Date: _____

(copy of signed lease must be attached)

SCHEDULE INSPECTION: JOHN.DISTEFANO@ARROCONSULTING.COM 856.469.3471

Zoning Officer Approval: _____ Date: _____

Commercial Inspector: _____ FINAL INSPECTION DATE: _____