

TOWN OF DOVER
Code Enforcement &
Inspection Department

COUNTY OF MORRIS
OFFICE: 100 PRINCETON AVENUE
MAILING: 37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200, Ext. 2114
Fax: (973) 366-0039



William J. Isselin – Chief Code Enforcement Officer
wisselin@dover.nj.us

Notice to All Commercial Owners / Tenants

Please be advised that the Code Enforcement Department has performed an inspection of your property as per the Town of Dover Property Maintenance Code and as per the Zoning Regulations. Your property has been found to be substantially in compliance, and has been issued either a Temporary Certificate of Compliance or a Final Certificate of Compliance. Please be advised that additional inspections may be required from the following departments prior to the occupancy of the building;

- **Town of Dover Health Department.** Please contact the Dover Health Department at 973-366-2200 Ext. 1120 to determine whether or not an inspection or licensing is required.
- **Town of Dover Construction Department.** Please contact Tom Mahoney – Construction Official at 973-366-2200 Ext. 2154 or Carolyn O'Connor at 973-366-2200 Ext. 2122 to make an application for a Continued Certificate of Occupancy.
- **Town of Dover Fire Prevention Bureau.** Please contact Jon Sperry – Fire Official at 973-366-2200 Ext. 1156 or 973-366-3260 to determine if an inspection and/or permits are required.

The Code Enforcement Department makes no representations as to whether or not the property inspected is in compliance with the rules and regulations of the various departments listed above. **Please contact the appropriate department(s) to determine if any other approvals are required.**

William Isselin
Chief Code Enforcement Officer /
Assistant to the Engineer / Zoning Officer



**CERTIFICATE OF COMPLIANCE APPLICATION – NON-RESIDENTIAL
TOWN OF DOVER**

Mail: 37 North Sussex Street / Office: 100 Princeton Ave.
Dover, NJ 07801
Phone: (973) 366-2200 Ext. 2114

NOTE: The Town of Dover Code is available on the internet at: www.dover.nj.us

FOR TOWN USE ONLY

Date Filed: _____ Application Fee: \$125.00 Paid By: Cash Check No. _____ Receipt No. _____
Review By: Zoning UCC Fire Code Enforcement Other: _____

Initial/Date _____

APPLICANT

Name: _____

Address: _____

Email: _____ Telephone Number: _____

Applicant is:

Proposed Tenant Property Owner Owner's Agent Other _____

Certificate is requested for property transaction as a result of a: SALE RENTAL

PROPERTY OWNER

Property Owner is:

Same as Applicant Other than Applicant

If the property owner is other than the applicant, provide the following information on the property owner(s):

Name of **Current** Property Owner: _____

Address: _____ Tel. No. (Home): _____

_____ Tel. No. (Cell): _____

_____ (Email): _____

Name of **Proposed** Property Owner: _____

Address: _____ Tel. No. (Home): _____

_____ Tel. No. (Cell): _____

_____ (Email): _____

SUBJECT PROPERTY

Location/Address: _____

Block: _____ Lot(s): _____

Building Number: _____ Unit Number: _____

PROPOSED SPACE & USE(S)

Does property contain more than one (1) tenant? Yes No

Does property have a current "Certificate(s) of Compliance"? Yes No

Does property have a Site Plan approval? Yes No

Is any construction work planned? Yes No (May Require a Building Permit)

If Yes, Explain: _____

Name of **Proposed** Tenant: _____

Name of **Proposed** Tenant's Business: _____

Proposed Tenant's Home Address: _____

Proposed Tenant's Home Phone: _____ Business Phone _____

Tenant's Cell Phone: _____ Emergency Phone: _____

Proposed Tenant's Total Square Footage to be occupied: _____

Which of the following best describes the Principal Use of the space as **proposed**:

Office Retail Other Commercial Industrial/Manufacturing

Further Describe: _____

Name of **Previous** Tenant _____

Name of **Previous** Tenant's Business _____

Certificate of Compliance Application – Non-Residential (cont.)

Which of the following best describes the Principal Use of the space as **previously used**:

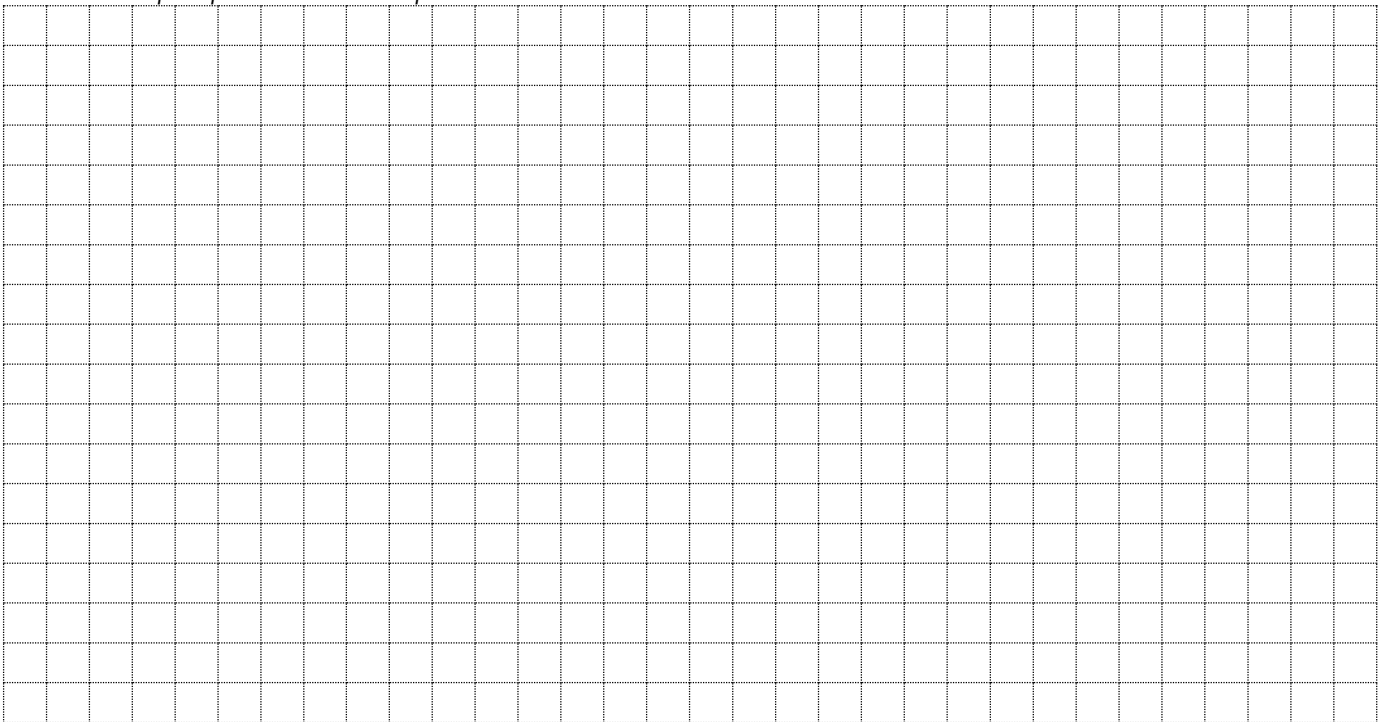
Office Retail Other Commercial Industrial/Manufacturing

Further Describe: _____

Submit a drawing of a floor plan indicating the following:

1. All lengths and widths of all rooms and spaces to be occupied, indicating existing and proposed walls and partitions.
2. Heights of ceilings in all spaces.
3. Size and location of all existing and proposed windows.
4. Size, location and direction of swing of all doors and openings.
5. Location of all existing and proposed equipment, display shelves, aisles, passageways & corridors.
6. Types of material of wall construction.
7. Occupancy Load.
8. Drawing must differentiate "existing" features from "proposed".

Use the space provided or attach separate sheets:



CERTIFICATIONS

I certify that the statements and the information submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I also certify that if I am not the property owner, that I have the consent of the property owner to make this application and that the property owner has full knowledge of the details of the application herewith being submitted.

NOTE: (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.) *I also understand that the above fees include the cost of the initial inspection plus one (1) re-inspection. Additional re-inspections, whether due to non-compliance or inability to gain access for a scheduled re-inspection, will be charged \$50.00 per re-inspection visit. The cost for all inspections relating to the issuance of a Certificate of Compliance shall be paid in full no less than 24 hours prior to the scheduled re-inspection.*

APPLICANT:

(Printed Name)

(Signature of Applicant)

(Date)



TOWN OF DOVER FIRE DEPARTMENT

Fire Prevention Bureau

37 North Sussex Street
Dover, New Jersey 07801
Phone: (973) 366-3260
Fax: (973) 366-9033



Mayor
James Dodd

E-Mail Address: jsperry.dover.nj.us

Fire Official
John Sperry

Local Fire Prevention Registration Information

Business Name: _____ Business Owner: _____
 Street Address: _____ Home Address: _____
 Premises Phone: _____
 Business Type: _____ Home Phone: _____
 FEIN / SSN: _____ E-Mail Address: _____
 Hours of Operation: _____
Building Owner: _____
 Home Address: _____

 Phone Number: _____

Emergency Contacts

1- Name: _____ Contact Number: _____
 2- Name: _____ Contact Number: _____
 3- Name: _____ Contact Number: _____

Square Footage: _____ **Stories:** _____ **Attic:** Yes No
Basement: Yes No **Square Footage of Basement:** _____
Number of Exits per Floor: _____ **Electrical System:** Fuses / Circuit Breakers
Heat: Electric Gas Oil
 Hot Air Baseboard Water / Radiator Steam Radiant
Fire Alarm System: Yes No Battery / Hardwired Local / Monitored
Suppression System: Yes No **Sprinkler System:** Yes No

Please fill out this form to the best of your ability and return it to the address above via fax or mail.
Thank you for your cooperation.

Bureau Use Only: LHU: Y / N Use Group: _____ Registration ID #: _____



TOWN OF DOVER POLICE DEPARTMENT

Public Safety Bureau
37 North Sussex Street
Dover, New Jersey 07801
Phone: (973) 366-0302
Fax: (973) 366-1813

TOWN OF DOVER POLICE DEPARTMENT BUSINESS / ALARM REGISTRATION FORM

In order to better serve the business and property owners in the event of an emergency after normal business hours, please assist us by filling out the following information. Please list the names in the order you want us to call them. Your cooperation is appreciated. If you are the property owner, please forward this form to the business owner.

Business Name

Business Phone

Address of Business

Suite / Apartment Number

Block

Lot

Property Owner's Name

Phone

Alarm Company

Alarm Company Phone

Alarm Type: FIRE HOLD UP BURGLARY ALL NONE

EMERGENCY CONTACTS

First Person to Notify

Telephone Phone

Second Person to Notify

Telephone Phone

Third Person to Notify

Telephone Phone

IF APPLICABLE, PLEASE LIST ALL OTHER BUSINESSES THAT ALSO USE THE ABOVE ADDRESS:

THIS INFORMATION WILL BE KEPT CONFIDENTIAL