

**Township of Livingston**  
**Commercial Continued Certificate of Occupancy Application**

Fee: \$150

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

Address of business: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Name of business: \_\_\_\_\_

Current use group: \_\_\_\_\_ Proposed use group: \_\_\_\_\_

IF LIVINGSTON MALL ADDRESS, CIRCLE THE LOCATION ON ATTACHED MALL MAPS FOR  
UPPER LEVEL OR LOWER LEVEL

**Applicant Information:**

**Seller / Landlord Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Description of new business: \_\_\_\_\_

\_\_\_\_\_

Commercial zoning application approved?       Yes       No

New signage to be installed?       Yes       No

I hereby certify that all of the above information is true to the best of my knowledge. If any work is to be performed in the future, permits will be obtained.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

Cash     Check #: \_\_\_\_\_    Staff Initials: \_\_\_\_\_    Receipt #: \_\_\_\_\_

Date Inspected: \_\_\_\_\_    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_