

**BOROUGH OF MERCHANTVILLE
CAMDEN COUNTY, NEW JERSEY**

ZONING ADMINISTRATION

NUMBER _____

CERTIFICATE OF PERMITTED USE

OWNER: _____

ADDRESS: _____ PHONE#: _____

BLOCK: _____ LOT: _____ COMMERCIAL: _____ MULTI FAMILY: _____

IF THIS PROPERTY IS BEING SOLD, PROVIDE THE NAME AND ADDRESS OF
PURCHASER (S): _____

IF THIS PROPERTY IS BEING RENTED PROVIDE THE NAME AND ADDRESS OF THE
TENANT: _____

**I hereby consent to allow entry to my property by the Borough of Merchantville to conduct
an inspection required to obtain this permit.**

Owners signature: _____

FEE: \$50.00

PLEASE MAIL THIS APPLICATION AND YOUR CHECK FOR \$50.00 MADE
PAYABLE TO BOROUGH OF MERCHANTVILLE.

Borough of Merchantville
Office of Code Enforcement
1 W. Maple Ave
Merchantville, NJ 08109

Listing agent/

Applicant : _____

Name

Company

Address

Town

State

Zip Code

Telephone #

FAX #

Settlement Date

For Office use only

Date Received: _____ Amount: \$ _____ Check # _____

Scheduled for Inspection _____ Date Approved: _____

Approved by: _____