



City of Rahway

Department of Code Enforcement
Division of Property Maintenance

1 City Hall Plaza
Rahway, NJ 07065

propertymaintenance@cityofrahway.com

Phone:(732) 827-2199
Fax: (732) 680-1375

Application for Certificates of Approval for Continued Occupancy

Street Address: _____ Block: ___ Lot: ___ No. of Units: ___ Date: _____

Type of _____ Change of Ownership, _____ Change of Occupancy (Tenant), _____ Change of Use
Application: _____ Residential, _____ Commercial, _____ Industrial, _____ Residential and Commercial

Transaction Type: _____ Purchase/Sale, _____ Lease/Rental Closing Date or Lease/Rental Start Date: _____

Applicant Information:	Name: _____	Applicant is the: ___ Seller, ___ Owner, ___ Buyer, ___ Tenant, ___ Realtor, ___ Other: _____
	Phone: _____ Email: _____	

Owner / Seller Information:

Name: _____

Phone: _____ Email: _____

Address: _____

Buyer / Tenant Information:

Name: _____

Phone: _____ Email: _____

Address: _____

Additional Requirements:

- Commercial, retail, mixed (residential-retail) property applicants must obtain and provide a Zoning Permit prior to being considered for a Certificate of Approval for Continued Occupancy. Fire Department inspection and approval must also be obtained.
- A Temporary Certificate of Approval for Continued Occupancy (TCACO) may be obtained if all Fire Prevention measures

Fee determination (per City of Rahway Ordinance Chapter 257)

Residential Properties	Commercial (Industrial and Retail) Properties
Single Family (CACO): \$50.00 Additional Fee for Single Family TCACO: \$25.00 Multi Family (CACO): \$50.00 (first unit) + \$25.00 per each additional unit Additional Fee per unit TCACO: \$25.00	Commercial (CACO): \$100.00 Additional Fee for Commercial TCACO: \$50.00

Address checks payable to the City of Rahway.

Below For Office Use Only

Fee Due: \$ _____	Payment Received Date: _____, Received by: _____
Payment Received: _____ At counter _____ By Mail	Payment Method: ___ Cash, ___ Check, ___ Money Order
Notes: _____	Check or Money Order No.: _____
	Fee Paid By (Name and Address): _____