

APPLICATION FOR ZONING CERTIFICATE FOR NON-RESIDENTIAL USE

500 West Crescent Avenue Allendale, NJ 07401

STREET ADDRESS OF PROPERTY _____ ZONE _____ BLOCK _____ LOT _____

NAME OF OCCUPANT _____ AREA OF BLDG SQ FT _____ ARE OF OCCUPANT SQ FT _____ SECTION OF BLDG _____

SOLE PURPOSE OF OCCUPANY: _____

PREVIOUS TENANT, IF APPLICABLE: _____

NAME OF APPLICANT/IF A CORPORATION, NAME AND ADDRESS OF INDIVIDUAL MAKING APPLICATION _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE: _____ SIGNATURE: _____

NAME OF OWNER OF BUILDING _____ ADDRESS OF OWNER _____

CERTIFICATION THAT ALL CONDITIONS OF SITE PLAN AND BUILDING PERMIT HAVE BEEN MET _____
(PROPERTY OWNER SIGNATURE)

LIST ALL OTHER OCCUPANTS OF BUILDING NAME:	TYPE OF BUSINESS

PLANNED USE INCLUDING PRODUCTS OR SERVICES SOLD OR MANUFACTURED: _____

Incoming Shipments	Type Conveyance	Products	Comments
Number weekly _____	_____	_____	_____
Outgoing shipments:	_____	_____	_____
Number weekly _____	_____	_____	_____

NUMBER OF PEOPLE: Start _____ Final _____ NUMBER DAILY CUSTOMERS OR VISITOR _____

WILL YOU DEAL WITH GENERAL PUBLIC? YES NO

HOURS OF OPERATION: From _____ To _____ NUMBER OF DAYS OPEN WEEKLY: _____

GALS. WATER USED _____ EXTEND OF NOISE _____ FUMES OR ODER _____ OTHER NUISANCES _____

ANY FLAMMABLES OR EXPLOSIVES USED OR STORED: NO YES, EXPLAIN _____

PROPOSED PERIOD OF OCCUPANT: From _____ To: _____

COMMENTS: _____
(SPACE BELOW USED FOR PLANNING BOARD USE)

NOTE: A SIGN PERMIT IS REQUIRED FOR ANY NEW SIGNS OR SIGN CHANGES--FLAGS AND BANNERS ALSO REQUIRE PERMITS. (Neon signs are prohibited)

*If application is for an industrial or "I" Zone - an original plus 11 copies must be submitted and an appearance before the Planning Board is required.

** EACH OCCUPANT MUST HAVE HIS OWN CERTIFICATE OF OCCUPANCE; IF YOU VACATE SUCCESSOR WILL REQUIRE A NEW CERTIFICATE.

Allendale Police Department
290 Franklin Turnpike
Allendale, NJ 07401
(201) 825-1900

Business Registration Form

Business Name _____

Address _____

Business Phone # _____

Previous Occupant _____

Emergency Contact Numbers:

Contact #1 _____

Owner's Name _____

Street Address _____

City/State/Zip _____

Other Phone #'s _____

Contact #2 _____

Owner's Name _____

Street Address _____

City/State/Zip _____

Other Phone #'s _____

Contact #3 _____

Owner's Name _____

Street Address _____

City/State/Zip _____

Other Phone #'s _____

Business Alarmed? _____

Type of Alarm _____

Name of Company _____

Note: Please advise this department of any changes.