



BOROUGH OF ALLENDALE
 Zoning Office
 500 W. Crescent Ave
 Allendale, NJ 07401
 201-818-4410 x201
 FAX: 201-818-5062

ZONING CERTIFICATE APPLICATION FOR NON-RESIDENTIAL USE

STREET ADDRESS OF PROPERTY _____ ZONE _____ BLOCK _____ LOT _____

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

SOLE PURPOSE OF OCCUPANCY: _____

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 Number weekly _____	Type Conveyance _____	Products _____	Comments _____
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 _____ EXTENT OF NOISE _____ FUMES OR ODOR _____ 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 OCCUPANCY: 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.