

**BOROUGH OF ELMWOOD PARK
COMMERCIAL ZONING APPLICATION
CONTINUED CERTIFICATE OF OCCUPANCY**

APPLICATION# _____

BUILDING DEPARTMENT USE:

PLANNING BOARD USE:

Date: _____

Date: _____

Check # _____ Amount _____

Check # _____ Amount _____

NAME OF PROPOSED BUSINESS _____

IS YOUR BUSINESS A: **PLEASE CIRCLE ONE**

SOLE PROPRIETY "C" CORP. LLC PARTNERSHIP (S) SUBCHAPTER "S"

PROPERTY ADDRESS _____

BLOCK _____ LOT _____ ZONING DISTRICT _____

This form must be completed **IN ITS ENTIRETY** and must be returned to the Building Department along with a check or money order for **\$150.00** made payable to The Borough of Elmwood Park.

1. Describe in detail the previous/existing use of the property including any buildings on the grounds or if the premises are vacant. The most recent use of the property and the date this use was discontinued. (The landlord can assist you with this item.)

2. Describe in detail the activity or activities to be conducted on the premises. Including those in the principal building and any accessory activities that will be conducted in any accessory build(s) and on the grounds of the property. Note: Outdoor storage is not permitted.

- a) Days and hours of operation _____
- b) Days and hours open to the public _____
- c) Traffic concerns pertaining to your application:
 - 1. Days and hours of any and all deliveries (trucks, cars or vans) _____
 - 2. Vehicles to be parked on site overnight (trucks, cars or vans) _____
- d) Number of employees on highest shift _____
- e) Number of parking spaces allocated for your business _____

3. A survey map/site plan of the property is required showing all current structures on site. If a photo copy of a survey is submitted it must be an exact copy (not enlarged or reduced). It must be accurate to the scale matching the survey or otherwise your application will be **deemed incomplete and will be returned.**

4. A floor plan of the intended area to be used must be submitted. This must show the proposed furniture and/or equipment layout of the area. This floor plan must be scaled but does not need to be professionally prepared. This floor plan must include a key plan if only part of the structure is being applied for.

5. A Parking layout/diagram must be submitted along with this application. The parking layout must clearly show the allotted parking spaces for the intended applicant as well as any and all other applicants/tenants that are currently at this location.

6. Will this application include any alteration, new sign, fence or new construction to the building?

Yes _____ No _____

Construction to be performed _____

If yes, a drawing must clearly show any and all work to be performed. If new construction, the applicant must submit the location, dimensions and all other setbacks from property lines. Also, a scaled elevation drawing of all exterior views must be submitted.

7. Has this site had any previous Planning Board or Zoning Board approvals? Yes _____ No _____

If yes, please attach copy of same with resolution and explain. _____

THIS APPLICATION ALONG WITH ALL ITS REQUIRED DOCUMENTS MUST BE SUBMITTED TO THE BUILDING DEPARTMENT FOR ITS REVIEW. IF THIS APPLICATION IS NOT FILED OUT IN FULL OR IF DOCUMENTS ARE MISSING OR NOT ADEQUATE FOR REVIEW THIS APPLICATION WILL BE DEEMED INCOMPLETE AND OR DENIED. THIS WILL DELAY YOUR PROCESS TO MOVE FORWARD.

IF YOU ARE A CORPORATION, S CORPORATIONS, OR AN LLC, WITH MORE THAN TWO OFFICERS AND IT HAS BEEN DETERMINED THAT YOU MUST APPEAR BEFORE EITHER THE PLANNING BOARD OR BOARD OF ADJUSTMENT, BY STATE LAW, YOU ARE REQUIRED TO BE REPRESENTED BY AN ATTORNEY.

NOTE: APPROVAL FROM THE BOARD OF HEALTH AND OR, FIRE PREVENTION MAY BE NEEDED

Upon Zoning Approval, an additional fee of \$325.00 is required.
This fee is for inspections of a Certificate of Re-occupancy.

If the Zoning Officer determines that Board approval is necessary
there will be additional fees depending upon the type of application.

Applicants Name and Address _____

Applicant's Telephone Number _____

Property Owner/Agents Name and Address _____

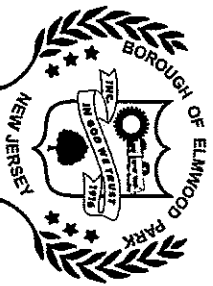
Property Owner's Telephone Number _____

Signature of Applicant _____ Applicants Name please print
Sworn to and subscribed before me
This _____ day of _____ 20 _____

Notary Public, State of New Jersey

Signature of Owner _____ Owner/Agent Name please print
Sworn to and subscribed before me
This _____ day of _____ 20 _____

Notary Public, State of New Jersey



Borough of Elmwood Park
182 Market Street
Elmwood Park, New Jersey 07407
Phone: 201-796-1457 x221 Fax: 201-796-1365



Please fill out the following information, completing all areas

1. Business Information:

Business Name: _____
Business Address: _____

Business E-Mail Address: _____
Business Phone Number: _____
Floor Number of Business: _____ Suite Number of Business: _____
Tax ID / EIN Number: _____
2. Mailing Correspondence: *(Where would you like to receive mail. Please circle ONE)*
Business Address Business Owner Address Building Owner Address

3. Building Information:

Tenant Square Footage: _____
Please give a brief description of your business and what you do:

4. Business Owners Information:

Owners Name: _____
Owners Home Address: _____
City, State, Zip: _____
Contact Phone Number: _____
Business Owners Email Address: _____

5. Building Owners Information:

Owners Name: _____
Owners Home Address: _____
City, State, Zip: _____
Contact Phone Number: _____
Building Owners Email Address: _____

6. Emergency Contacts: *(Please List THREE Complete Names and Telephone Numbers)*

1. _____
2. _____
3. _____

For Office Use Only: Date Entered: _____ Person Entering: _____
Local Number: _____