

**APPLICATION FOR
ZONING CERTIFICATE
FOR NON- RESIDENTIAL USE**

280 Godwin Avenue
Borough of Midland Park, NJ 07432

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:	Type Conveyance	Product	Comments
Number weekly _____	_____	_____	_____
Outgoing shipments:			
Number weekly _____	_____	_____	_____
NUMBER OF PEOPLE: Start _____ Final _____ NUMBER DAILY CUSTOMERS OR VISITORS _____ 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 ODORS _____ OTHER NUISANCES _____			
ANY FLAMMABLES OR EXPLOSIVES USED OR STORED? NO YES, EXPLAIN _____			
PROPOSED PERIOD OF OCCUPANCY: From _____ To _____			

COMMENTS: _____
(SPACE BELOW 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.

*Midland Park Police Department
280 Godwin Avenue
Midland Park, New Jersey 07432
(201) 444-2300*

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.