



Township of Saddle Brook, New Jersey

BUILDING DEPARTMENT

55 Mayhill Street
Saddle Brook, NJ 07663
(201) 843-7111

CERTIFICATE OF OCCUPANCY/CONTINUED CERTIFICATE OF OCCUPANCY

This application and a \$200 application fee must be submitted and a Certificate must be issued PRIOR to conducting business at this location. The information requested will be kept confidential and used only in official and emergency circumstances. The Uniform Fire Code states "The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official.

PROPERTY ADDRESS _____ PHONE _____

BUSINESS NAME _____

MAILING ADDRESS (if different than above) _____

BUSINESS OWNER'S NAME _____ PHONE _____

BUSINESS OWNER'S ADDRESS _____

PROPERTY OWNER'S NAME _____ PHONE _____

PROPERTY OWNER'S ADDRESS _____

IN THE EVENT OF EMERGENCY NOTIFY (List in order to be called. 2 contacts required)

NAME _____ PHONE _____

ADDRESS _____

Does above have access key? YES _____ NO _____

NAME _____ PHONE _____

ADDRESS _____

Does above have access key? YES _____ NO _____

NAME _____ PHONE _____

ADDRESS _____

Does above have access key? YES _____ NO _____

If you currently have installed a burglar, fire, hold-up or any other type of alarm device, a permit is **REQUIRED**. Please contact the SB Police Department at (201) 843-7000.

ZONING INFORMATION

Location of Building _____ Block _____ Lot _____

Floor/ Suite # _____ Square Footage of Space to be Occupied _____

A detailed scale drawing (1/4" / foot minimum) showing space to be occupied and location of every use to be conducted shall be attached to this form.

If business formation is a company or corporation, list all officers and their addresses.

State all activities to be conducted and described in detail.

State current or previous use of building or space.

State if this is an existing business and the address of the previous location.

I certify that the information submitted above is correct and that I am the owner or I am duly authorized to act on the owner's behalf. I agree to comply with the applicable requirements of the Uniform Fire Safety Code, as well as any specific conditions imposed by the Fire Official.

Signature of Applicant

Date