



Township of Saddle Brook, New Jersey

BUILDING DEPARTMENT

540 Saddle River Rd.
Saddle Brook, NJ 07663
T (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. We require that a minimum of two (2) emergency contacts be supplied. 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.

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

BUSINESS OWNER'S NAME _____

BUSINESS OWNER'S ADDRESS _____

IN THE EVENT OF EMERGENCY NOTIFY (List in order to be called)

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 _____

PLEASE CHECK WHERE APPLICABLE

Alarm System YES _____ NO _____ Burglar _____ Fire _____ Hole Up _____

Does System automatically reset? YES _____ NO _____ Reset Time _____

Alarm Company _____ Phone _____

Address _____

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.

*****Office Use Only*****

Local ID # _____ State ID# _____ Date Registered _____

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.

Name of Applicant _____

Address of Applicant _____

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

Owner of Building _____

Address of Owner _____

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



Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

SEWER CONNECTION SUBMITTAL REQUIREMENT CHECKLIST FOR ALL NEW or CHANGED PROJECTS

Initial as enclosed

Please NOTE: *A new connection need not be made for review to be required*

- 1) _____ Accurate information for the applicant, owner, and project location and description have been provided in the fields on page two of this application. **No P.O Boxes.**
- 2) _____ A Site Plan, Property Survey, or sketch depicting all sewer connection point(s) along with any relevant detail sketches have been enclosed. (For TWA, see below item 6).
- 3) _____ Municipal / Agency endorsement of the project (where applicable) has been enclosed.
- 4) _____ Endorsement of project by local sewer authority (where applicable) has been enclosed.
- 5) _____ The appropriate payment of the sewer connection fee as calculated in accordance with the attached Sewer Connection Fee Calculation Sheet by PVSC. Payment may be in the form of a Wire Transfer, (preferred) check or money order made payable to the **Passaic Valley Sewerage Commission ("PVSC")**. Please write the project address/ file number in the check memo line.
- 6) _____ For those projects requiring a Treatment Works Approval (TWA) from the New Jersey Department of Environmental Protection, (NJDEP) the following shall also be submitted:

_____ **Copy** of the Treatment Works Approval application (TWA-1)

_____ **Copy** of the Statements of Consent form (WQM-003)

_____ **Copy** of the Engineer's Report (WQM-006)

_____ **Copy** of the Site, Utility, Profile and Detail Plans for all underground facilities in electronic PDF format (can be emailed, or presented on a disk)

{ NOTE: Copies only! DO NOT SUBMIT ORIGINAL TWA DOCUMENTS }

The Connection Application Package shall, at a minimum, consist of all of the above that are applicable to be considered complete and may be forwarded or faxed (973-466-2712) to the address below. PVSC APPROVAL (Required under NJAC 5:23) WILL BE GRANTED ONLY UPON COMPLETION OF THE PVSC INSPECTION AND COMPLIANCE REVIEW , INCLUDING FULL PAYMENT or AGREEMENT (IF APPLICABLE) OF ANY AND ALL PVSC CONNECTION FEES.

Please NOTE: In order to be more accurate and help in correctly issuing any available credit our Inspector may ask for other documents such as water consumption, Property Record Cards ETC.

**Mail to: Passaic Valley Sewerage Commission (PVSC)
600 Wilson Avenue
Newark, NJ 07105
Attn: Connections Unit, ICB**

Submitted by: _____
(signature) (print name) (date)



Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

APPLICANT, OWNER, PROJECT INFORMATION

1.) APPLICANT: (APPROVAL LETTER IS MAILED TO THIS ADDRESS, ENSURE IT IS ACTIVE)

NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX # or E-MAIL: _____

2.) PROPERTY OWNER OR AUTHORIZED AGENT: SAME AS ABOVE

NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX # or E-MAIL: _____

3.) PROJECT/TENANT SPACE: FILE CAN NOT BE ENTERED WITHOUT THIS FILLED OUT

ADDRESS: _____

CITY: _____ STATE: NEW JERSEY ZIP: _____

BLOCK: _____ LOT: _____

DESCRIPTION: The project consists of _____

PVSC Inspector Signature Print Name Date

PVSC Supervisor Signature Print Name Date

Submitted by: _____
(signature) (print name) (date)



Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

SEWER CONNECTION FEE CALCULATION SHEET

Connected Flow = sum of all daily flows from the connection as specified in N.J.A.C. 7:14A-23.3 "Projected Flow Criteria." For your convenience, we have excerpted below the types of establishments, measurement units and projected use in gallons per day (gpd) from N.J.A.C. 7:14A-23.3

A) FILL IN THE COLUMNS FOR THE CRITERIA THAT APPLY TO THIS APPLICATION:

Type of Establishment	Measurement Unit	# of Units	Gallons per Day (GPD)		GPD/Type
			Age Restricted	Standard	
Residential Dwellings (Single family homes, duplex units, townhouses, condominiums, apartments)					
1-bedroom unit (Age Restricted/Standard)	Per Dwelling	_____	<input type="radio"/> 110/150	<input type="radio"/>	0 _____
2-bedroom unit (Age Restricted/Standard)	Per Dwelling	_____	<input type="radio"/> 170/225	<input type="radio"/>	0 _____
3-bedroom unit or larger (Age Restricted/Standard)	Per Dwelling	_____	<input type="radio"/> 225/300	<input type="radio"/>	0 _____
Transit Dwelling Units					
Hotels	Per Bedroom	_____	75		0 _____
Lodging houses and tourist homes	Per Bedroom	_____	60		0 _____
Motels and tourist cabins	Per Bedroom	_____	60		0 _____
Boarding Houses (maximum permitted occupancy)	Per Boarder	_____	50		0 _____
Camps					
Campground/mobile recreational vehicle/tent	Per Site	_____	100		0 _____
Parked mobile trailer site	Per Site	_____	200		0 _____
Children's camps	Per Bed	_____	50		0 _____
Labor camps	Per Bed	_____	40		0 _____
Day camps - no meals	Per Person	_____	15		0 _____
Restaurants (including washrooms and turnover)					
Average restaurant (Waiter and Waitress service)	Per Seat	_____	35		0 _____
Bar/cocktail lounges	Per Seat	_____	20		0 _____
Fast food restaurant	Per Seat	_____	15		0 _____
24-hour service restaurant	Per Seat	_____	50		0 _____
Curb service/drive-in restaurant	Per Car Space	_____	50		0 _____
Clubs					
Residential	Per Member	_____	75		0 _____
Non-residential (Gym, Martial arts /MMA training)	Per Member	_____	35		0 _____
Racquet club	Per Court Hour	_____	80		0 _____
Bathhouse with shower	Per Person	_____	25		0 _____
Bathhouse without shower	Per Person	_____	10		0 _____
Institutions (includes staff)					
Hospitals /Out Patient Centers	Per Bed	_____	175		0 _____
Assisted Living	Per Bed	_____	100		0 _____
Skilled Nursing Facility	Per Bed	_____	75		0 _____
Other institutions	Per bed	_____	125		0 _____



Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

Subtotal for Page 3: 0

Type of Establishment	Measurement Unit	# of Units	Gallons per Day (GPD)	GPD/Type
Schools (include staff)				
No shower or cafeteria	Per Student / Staff	_____	10	<u>0</u>
With shower or cafeteria (Athletic-classes)	Per Student / Staff	_____	15	<u>0</u>
With cafeteria and showers	Per Student / Staff	_____	20	<u>0</u>
With cafeteria, showers and laboratories	Per Student / Staff	_____	25	<u>0</u>
Boarding / Dorm Rooms	Per Student	_____	75	<u>0</u>
Automobile Service Stations				
Service Stations	Per Filling Position	_____	125	<u>0</u>
Service bays	Per Bay	_____	50	<u>0</u>
Mini-market	Per square foot	_____	0.1	<u>0</u>
Miscellaneous				
Office buildings / Office Space (gross area)	Per square foot	_____	0.1	<u>0</u>
Stores & shopping centers /Retail Space (gross area)	Per square foot	_____	0.1	<u>0</u>
Factories/warehouses (add process wastewater (ww))	Per employee	_____	25	<u>0</u>
Factories/warehouses w/showers (add process ww)	Per employee	_____	40	<u>0</u>
Process Wastewater (include blowdown, cooling water)	Gallons Per Day	_____	1	<u>0</u>
Laundromats (coin operated) Industrial see above	Per machine	_____	580	<u>0</u>
Bowling alleys (add bar area seating when applicable)	Per alley	_____	200	<u>0</u>
Picnic parks (restrooms only)	Per person	_____	10	<u>0</u>
Picnic parks with showers	Per person	_____	15	<u>0</u>
Fairgrounds (based upon average attendance)	Per person	_____	5	<u>0</u>
Assembly halls	Per seat	_____	3	<u>0</u>
Airports (based on passenger use)	Per passenger	_____	3	<u>0</u>
Churches,Houses of Worship (worship area only)	Per seat	_____	3	<u>0</u>
Theater (indoor)	Per seat	_____	3	<u>0</u>
Dinner theater	Per seat	_____	20	<u>0</u>
Catering/banquet hall	Per person	_____	20	<u>0</u>
Sports stadium	Per seat	_____	3	<u>0</u>
Visitors center	Per visitor	_____	5	<u>0</u>
Multi-member swimming pool	Per Person	_____	15	<u>0</u>

B) Total Projected Flow in GPD as calculated from pages 3 and 4:	<u>0</u>	GPD
C) Total Projected flow multiplied by the Rate (\$/GPD):	X	\$3.52 /GPD
D) Line B multiplied by line C equals Connected Flow Fee:	<u>\$0.00</u>	
E) Plus the Administrative Fee (per application):	+	\$250.00*
F) Total Connection Fee due:	<u>\$ 250.00</u>	**

* If you are submitting applications for multiple addresses (**same municipality**) and wish to pay combined, this Admin fee will only be applied once.
 **Calculated fee may be reduced due to credits for active existing buildings/uses, as determined by the PVSC Inspector. Contact Connections Unit for more information. Any applicable credit will be applied in accordance with PVSC Rule 602.6k .