



# Township of Saddle Brook, New Jersey

## BUILDING DEPARTMENT

55 Mayhill Street

Saddle Brook, NJ 07663

(201) 843-7111

### COMMERCIAL NEW TENANT CERTIFICATE/RESALE CERTIFICATE APPLICATION

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.

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State all activities to be conducted and described in detail.

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State current or previous use of building or space.

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

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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"*

## 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 SUBMITTAL REQUIREMENT CHECKLIST FOR ALL NEW or CHANGED PROJECTS

*Initial as enclosed*

*Please NOTE: A new connection need not be made for PVSC's 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:***  
***Please NOTE all TWA files must be submitted by the Engineer of record, as Applicant***
  - \_\_\_\_\_ **Digital/Electronic Copy** of the Treatment Works Approval application (TWA-1)
  - \_\_\_\_\_ **Digital/Electronic Copy** of the Statements of Consent form (WQM-003)
  - \_\_\_\_\_ **Digital/Electronic Copy** of the Engineer's Report (WQM-006)
  - \_\_\_\_\_ **Digital/Electronic Copy** of the Site, Utility, Profile and Detail Plans for all underground facilities in electronic PDF format (to be emailed, or sent via link)

{ 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 REVIEW , INCLUDING FULL PAYMENT OF 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 ect.**

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

Submitted by: \_\_\_\_\_  
(signature) (print name) (date)