

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

**\$100 APPLICATION FEE
PAYABLE TO "BOROUGH OF MIDLAND PARK"**

280 Godwin Avenue
Borough of Midland Park, NJ 07432

Cash _____ Check # _____ (AS)

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/PLANNED USE (INCLUDING PRODUCTS OR SERVICES SOLD/MANUFACTURED):

PREVIOUS TENANT, IF APPLICABLE: _____

NAME OF APPLICANT – IF A CORPORATION, NAME AND ADDRESS OF INDIVIDUAL MAKING APPLICATION:

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE: _____

E-MAIL: _____

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 OF ALL OTHER OCCUPANTS OF BUILDING

Name:	Type of Business:

Incoming Shipments

TYPE CONVEYANCE

PRODUCT

COMMENTS

Number Weekly: _____

Outgoing Shipments

Number Weekly: _____

NUMBER OF PEOPLE:

Min _____ Max _____

NUMBER OF DAILY CUSTOMERS/VISITORS: _____

WILL YOU DEAL WITH THE GENERAL PUBLIC?

Min

Max

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

IF YES, EXPLAIN _____

PROPOSED PERIOD OF OCCUPANCY:

FROM

TO

Note: A SIGN PERMIT IS REQUIRED FOR ANY NEW SIGNS OR SIGN CHANGES – FLAGS AND BANNERS ALSO REQUIRE PERMITS. NEON SIGNS ARE PROHIBITED

** EACH OCCUPANT MUST HAVE ITS OWN CERTIFICATE OF OCCUPANCY. IF YOU VACATE, THE NEW OCCUPANT WILL REQUIRE A NEW CERTIFICATE

APPLICANT SIGNATURE _____

DATE _____

**Midland Park Police Department
280 Godwin Avenue
Midland Park, NJ 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.