



Borough of Northvale
 116 Paris Avenue, Northvale New Jersey 07647
 201-767-3330 ext. 213

Application for Commercial Property

ACTION

- Certificate of Occupancy (CO)
- Certificate of Continued Occupancy (CCO)
- Temporary Certificate of Occupancy (TCO)
- Lead Hazard Abatement Certificate of Clearance

USE GROUP: Previous _____ Current _____

BLOCK#: _____ **LOT#:** _____

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE NUMBER: _____

BUYER OR RENTER (CIRCLE ONE)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

CONTACT INFORMATION FOR DAY OF INSPECTION:

NAME: _____ **PHONE NUMBER:** _____

A Set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:



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If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK /USE: _____

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permits, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNATURE: _____

Buyer

Renter

PLEASE NOTE:
 Inspections are conducted Wednesday & Thursday between 10:00AM-12:00PM. The fee for the inspection / CCO issuance is \$150.00. Please make check payable to: **Borough of Northvale**

Process before Certificate can be issued:

- Zoning Review
 - (if denied) you have the opportunity to bring application in front of the Zoning | Planning Board of Adjustment.
 - (if approved) you can move forward with Construction Application
- Construction Application- to be accompanied by existing floor plan & proposed plan.

OFFICIAL USE ONLY

FEE: _____ CHECK #: _____ DATE RECEIVED: _____ RECIEVED:BY: _____

INSPECTION DATE & TIME: _____

**Borough of Northvale
Zoning Permit Application**

Date_____

Permit Number_____

Approved_____ Denied_____

Block_____ Lot_____ Zone_____

Work Site Location_____

Applicant:_____ Email:_____

Address:_____ Phone:_____

Owner:_____ Email:_____

Address:_____ Phone:_____

Contractor:_____ Phone:_____

Address:_____ Email:_____

Driveway___ Patio/Walkway___ Deck/Porch___ Retaining wall___ Fence___ Pool/Hot Tub___

Shed___ A/C or Generator___ New Construction___ Addition___ Container___ Other___

Description of Work:

Is this a corner lot? Yes___ No___
Is the project within a flood zone or wetlands? Yes___ No___
Will you be removing trees on the property? Yes___ No___
Will you be moving any soil on the property? Yes___ No___
If yes, how much? Yes___ No___

(note:Any soil movement will require a soil movement permit)

Application must be accompanied by:

- **Site Plan or property survey detailing project and dimensions**
 - **Bulk requirement sheet for the appropriate zone**
 - **Zoning Review fee-check made out to Borough of Northvale**
- ADDITIONAL FEES MAY APPLY BEFORE RELEASE OF THE ZONING PERMIT**

Applicant Signature

Zoning Official

Fee:_____ Check number_____

***Incomplete applications will not be accepted**

NORTHVALE BUSINESS ZONING APPLICATION

Type of Application Change of Tenant _____ Change in Ownership _____

Property Owner Information

Site Address _____ Block _____ Lot _____

Name _____

Address _____

Phone _____ Email _____

Previous Business Name _____

Previous Business Use _____

By signing this application, I am giving permission for the party listed below to make this application to make this application and for the Borough of Northvale to visit the site and verify all existing conditions if necessary.

Signature _____ Date _____

Include one copy of the following items:

- Interior building plan/layout neat and to scale
- Sealed site plan/survey with parking
- Photographs

Proposed New Tenant/Owner Information

Registered/Legal Corp name _____

Business Name _____

Sq. footage being leased/sold _____

Business Owners Name _____

Business Owners Home Address _____

Business Owners Cell Number _____ Email _____

Hours of Operation _____ Days of Operation _____

Number of Employees _____

of Designated Parking Spaces _____

Business Use: **Attach a detailed description of your proposed use:**

Building Improvements: **Attach a description of any proposed renovations/modifications, Other than general painting etc.**

Signage to be installed: **Separate Zoning Application to be filed**

Outdoor Storage: **Outdoor storage not permitted in any Zone per BO 200-9 B. (10)**

Signature _____ Date _____

Fee _____ Make Checks payable to Borough of Northvale

No Zoning Certificate will be issued until all required prior approvals have been met.

STATE OF NEW JERSEY

LIFE-HAZARD USE

REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

OWNERSHIP INFORMATION

1. Ownership Type:

Individual/Sole Proprietorship Corporation LLC

2. For Individual/Sole Proprietorship:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Email Address: _____

3. For Other Types of Ownership:

Organization Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Business Phone: _____

Job Title: _____

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

4. Federal Employer ID Number: _____

5. Registered Agent Same as Owner? Yes No

6. If you answered NO to Question 5:

Agent First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Email Address: _____

7. Property Ownership Contact:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Job Title: _____

Email Address: _____

8. Emergency Contact:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Job Title: _____

Email Address: _____

BUILDING INFORMATION

1. Pre 1977 Construction: Yes No CO Date _____

2. Block: _____ Lot: _____

3. # of Stories: _____

4. # of Stories Below Grade: _____

5. Total Square Feet: _____

6. Maximum Occupancy: _____

7. # of Exits: _____

9. Grade Height: _____

10. Construction Type:

- Frame Masonry and Concrete Masonry Steel Exterior Masonry Wall and Frame
- Combination
- Type 1A - Concrete Type 1B - Concrete Type 2A - Steel Type 2B - Steel Type 2C - Steel
- Type 3A - Masonry/Wood Type 3B - Masonry/Wood Type 4 - Heavy Timber
- Type 5A - Wood Type 5B - Wood N/A

11. Heat Fuel Source:

- Electric Gas Geothermal Liquefied Natural Gas (LNG) Liquefied Petroleum Gas (LPG)
- Oil Wood None N/A

12. Heat Type:

- Forced Air Hot Water/Radiator Radiant Steam None N/A

13. Alternate Power Source:

- None N/A Solar Geothermal Wind

14. Back-Up Power Source:

- None N/A Battery Emergency Generator Multiple Grids from Power Company

15. Emergency Generator Powered Devices:

- Select All Emergency Lights Exit Lights Fire Detection System N/A

16. Roof Characteristics: # of Roof Hatches _____

17. Roof Construction: Concrete Metal Truss Wood N/A

Roof Coverings: Select All Asphalt Shingles Asphalt/Tar Metal Rubber Slate Tile N/A

Roof Truss Type: Bowstring Metal Steel Bat Joist Wood N/A

16. Truss Roof Construction: Yes No

17. # of Roof Skylights: _____

18. Solar Panels: Yes No



BOROUGH OF NORTHVALE
FIRE PREVENTION BUREAU
116 Paris Avenue Northvale, New Jersey 07647
Phone: 201-767-3330 Ext 213 - Fax: 201-767-9631
<http://www.boroughofnorthvale.com/>



Life Hazard Application

Please provide the following information

Name of Business	
Address	
# of Employees	
Occupancy Load	

Total Square Footage	Individual Breakdowns

Description of Business Services, Processes, Etc....



Northvale Police Department

Serving Northvale/Rockleigh

To Current Business/Occupant:

Subject: Business Census/Alarm Notice

Please review the enclosed documents. In an effort to better support our local businesses the Northvale Police Department require the following items returned — even if you do not currently have an alarm:

1. Alarm Notice
 - a. Alarm Fee (if applicable)
2. Business Census

Please feel free to return these items by: email, fax, US Mail, or by walk-in. All of the information needed is located at the bottom of this letter. For the businesses that have alternate or corporate addresses: **PLEASE PROVIDE CORPORATE OR ALTERNATE ADDRESS** when returning these document.

If you have any question please feel free to contact the Northvale Police Department at 201-768-5900. Thank you in advanced, for your cooperation.

NORTHVALE POLICE

Attn: Ptlm. Milordo #33.

116 PARIS AVENUE
NORTHVALE, NJ 07647



Northvale Police Department

Serving Northvale/Rockleigh

ALARM NOTICE

As per Borough Ordinance §61 Sec. 4 (D), your alarm permit must be renewed on or before February 1st of each year. **THIS APPLICATIONS MUST BE COMPLETED EVEN IF THERE ARE NO CHANGES.** If you have any questions about this procedure or your alarm system, please contact the Northvale Police Department at (201)768-5900.

1. BUSINESS

Business Name/Address: _____

Business Owner's Name: _____

Phone No.: _____ Fax No.: _____

Property Owner/Landlord Name: _____

Property Owner/Landlord Address: _____

Property Owner/Landlord Phone No.: _____

Website: _____ Email Address: _____

2. ALARM COMPANY

Alarm Name: _____

Alarm Address: _____

Phone No.: _____ Fax No.: _____

3. DESCRIPTION OF ALARM

Burglar Alarm	Fire Alarm	Other Alarm:
Weapons	Hazardous Material	Other:

4. EXACT LOCATION OF ALARM CONTROL PANEL:

5. CONTACT PERSONS

Name:	Home:	Mobile:
Name:	Home:	Mobile:
Name:	Home:	Mobile:



Northvale Police Department

Serving Northvale/Rockleigh

6. ALARM PERMITS MUST BE RENEWED EACH YEAR. TO ASSIST YOU, THE POLICE DEPARTMENT WILL SEND YOU A NOTICE OF RENEWAL. IF YOU CHANGE THE PERSON TO BE CONTACTED AT ANYTIME, IT IS YOUR RESPONSIBILITY TO NOTIFY THE POLICE DEPARTMENT AS SOON AS POSSIBLE.
7. ALARM SYSTEMS ARE REGULATED BY BOROUGH ORDINANCE #61 SEC. 7 (A) (1). BY ORDINANCE, YOU ARE ALLOWED TWO (2) FALSE ALARMS IN ANY SIX (6) MONTHS PERIOD. YOU WILL RECEIVE A WARNING FOR THESE ALARM ACTIVATIONS. AFTER TWO (2) WARNINGS, A SUMMONS MAY BE ISSUED WHICH CARRIES A FINE OF NOT MORE THAN \$100.00. THE ALARM MUST RESET AFTER FIFTEEN (15) MINUTES.
8. THE CHIEF OF POLICE MAY REMOVE OR SUSPEND PERMITS AT HIS DISCRETION AS PER BOROUGH ORDINANCE #469. IF THE SYSTEM BECOMES A PUBLIC ANNOYANCE.
9. THE PERMIT IS NOT TRANSFERABLE. IF YOU MOVE FROM WHERE THE SYSTEM IS REGISTERED WITHIN THE TOWN, YOU MUST OBTAIN A NEW ONE. IF YOUR COMPANY OPENS MULTIPLE BUSINESSES IN THE TOWN, A SEPARATE PERMIT MUST BE OBTAINED FOR EACH LOCATION.
10. PERSONS TO BE CONTACTED ARE PERSONS WHO YOU DESIGNATE TO BE NOTIFIED AND TO RESPOND IN THE EVENT OF AN ALARM ACTIVATION IN YOUR ABSENCE, WHEN YOU ARE UNABLE TO BE REACHED OR AFTER BUSINESS HOURS.

CONSENT

THE UNDERSIGNED HEREBY CONSENTS TO DEFEND, INDEMNIFY AND SAVE HARMLESS THE BOROUGH OF NORTHVALE AND ITS AUTHORIZED OFFICIALS, AGENTS, AND EMPLOYEES FROM AND AGAINST ANY AND ALL DAMAGES, COSTS, EXPENSE AND LIABILITY ARISING OUT OF THE ACTS OR FAILURE TO ACT OF THE MUNICIPALITY IN DISCONNECTING AN ALARM DEVICE AS A RESULT OF VIOLATION OF THE FALSE ALARM PROVISIONS CONTAINED IN ORDINANCE CHAPTER 61 AND ANY AMENDMENTS OR SUPPLEMENTS THERETO, REGARDLESS OF THE MANNER IN WHICH SAID ALARM MAY BE DISCONNECTED.

DATED: _____ SIGNATURE: _____

FEE SCHEDULE

\$10.00 A YEAR IF ALARM IS AUDIBLE ONLY
 \$50.00 A YEAR IF ALARM IS DIALED INTO POLICE OR A CENTRAL DISPATCHER.

Northvale Police Department

Attn: Ptlm. Milordo #33.

Alarms Officer



Northvale Police Department

Serving Northvale/Rockleigh

ALARM PERMIT REGISTRATION NOTICE

BOROUGH OF NORTHVALE ALARM ORDINANCE. NORTHVALE BOROUGH CODE §61 SEC. 7(A)(1)
READS AS FOLLOWS:

FOR EACH FALSE ALARM OF ANY KIND COMMUNICATED TO THE POLICE DEPARTMENT OF THE
BOROUGH OF NORTHVALE, A RECORD SHALL BE KEPT BY THE POLICE DEPARTMENT OF THE
BOROUGH OF NORTHVALE, AND WHERE IT IS DETERMINED THAT SUCH FALSE ALARM
ORIGINATED AT A PERMITTEE'S PREMISES, THE FOLLOWING PROCEDURE SHALL BE ADHERED
TO:

1. FOR THE FIRST AND SECOND FALSE ALARM GIVEN IN ANY SIX-MONTH PERIOD, A WARNING SHALL BE ISSUED BY THE POLICE DEPARTMENT TO THE PERMITTEE.
2. FOR THE THIRD AND ANY SUBSEQUENT FALSE ALARM IN ANY GIVEN SIX-MONTH PERIOD, A PENALTY OF NOT MORE THAN \$100 SHALL BE PAID TO THE BOROUGH OF NORTHVALE, AND SUCH PENALTY SHALL BE PAYABLE FOR EACH FALSE ALARM SUBSEQUENT TO THE SECOND DURING THE SAID SIX MONTH PERIOD.

Please make all checks payable to, Borough of Northvale. If you have any questions in regards to this procedure please contact the Northvale Police Department at 201-768-5900.

Please Return To:

NORTHVALE POLICE
Attn: Ptlm. Milordo #
116 PARIS AVENUE
NORTHVALE, NJ 07647

Alarms must be phoned in at 201-768-5900.

116 Paris Avenue • Northvale, NJ 07647 • Tel: (201) 768-5900 • Fax (201) 767-9636 • police@northvalepd.org



Northvale Police Department

Serving Northvale/Rockleigh

ALARM APPLICATION NOTICE

To whom it may concern:

As per Borough Ordinances §61-4D, all alarms expire on December 31 of the year and shall not be valid after said date. A renewal permit must be filed with the Chief of Police on or before February 1st of each year and shall be accompanied by the Fifty Dollars (\$50.00) annual fee) for all commercial businesses. Please include your check for the fee payable to, The Borough of Northvale.

INCLUDE A LIST OF NAMES AND PHONE NUMBERS OF THE PERSON/EMPLOYEES WHO ARE TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY OR AN ALARM ACTIVATION THAT OCCURS WHEN THERE ARE NO PERSON/S ON THE PREMISES. IT IS YOUR RESPONSIBILITY TO NOTIFY THE NORTHVALE POLICE OF ANY CHANGES AT ANYTIME DURING THE YEAR!

THE APPLICATION MUST BE COMPLETED AND RETURNED EVEN IF THERE ARE NO CHANGES FROM THE PREVIOUS YEAR. If you have any questions about this procedure or your alarm system, please contact the Northvale Police Department at (201)768-5900.

Please return the application ASAP to:

Northvale Police Department

116 Paris Avenue

Northvale, NJ 07647

Attention: Attn: Ptlm. Milordo #33.



Northvale Police Department

Serving Northvale/Rockleigh

BUSINESS CENSUS

1. Business Name: _____

Address: _____

Phone: _____ Fax: _____

Owner's Name: _____

Landlord/Property Manager Name: _____

Landlord/Property Manager Address: _____

Website: _____ Email: _____

Type of Business: _____

2. ALARM SYSTEM COMPANY:

Name: _____

Address: _____

Phone: _____ Fax: _____

3. DESCRIPTION OF ALARM:

On Site: Burglar Fire Other

On Site: Weapon Hazardous Material Other

Other: _____

4. EXACT LOCATION OF ALARM CONTROL PANEL:

5. CONTACT PERSONS

Name:

Home No.:

Mobile No.:

1. _____

2. _____

3. _____