BOROUGH OF HASBROUCK HEIGHTS
320 BOULEVARD, HASBROUCK HEIGHTS, NJ
201-288-2143

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
CHAPTER 275

Block: _____ *Lot:* _____ *Zoning District:* _____

ADDRESS: _____

PROPERTY OWNER: _____

BUSINESS ADDRESS OWNER: _____

BUSINESS PHONE OWNER: _____

APPLICANT NAME: _____

NAME OF BUSINESS: _____

IF PROPERTY SOLD, PLEASE LIST NEW INFORMATION ABOVE.

PROPOSED USE: _____

PRIOR USE: _____

SET FORTH IN DETAIL THE EXACT NATURE OF THE PROPOSED USE/TENANCY:

_____

_____

_____

ARE YOU PLANNING RENOVATIONS OR MODIFICATIONS TO BUILDING OR SIGNAGE:
( ) YES ( ) NO IF YES, PLEASE EXPLAIN:

_____

_____

DATE: _____ *APPLICANT SIGNATURE:* _____

( ) APPROVED *( ) DENIED*

REVIEWED BY: _____ DATE: _____

BOROUGH OF HASBROUCK HEIGHTS

FIRE PREVENTION BUREAU

248 HAMILTON AVENUE
HASBROUCK HEIGHTS, NJ 07604

Robert Knobloch
Fire Official

(201) 288-4110
FAX: (201) 288-9217

APPLICATION FOR REGISTRATION OF BUSINESS

(please print or type all information)

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. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

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this area office use only

Local I.D.#:_____ State I.D.#:_____ Date Registered:_____

****

Business Name:_____

Street Address:_____

_____

_____ Phone #:_____

Do you... OWN or LEASE the property (circle one)

Building Owner's Name:_____

Federal I.D. Number:_____ Phone #:_____

Street Address:_____

_____

Business Owner's Name:_____

Federal I.D. Number:_____ Phone #:_____

Street Address:_____

_____

Business Type: Individual_____ Partnership_____ Corporation_____ Other_____

Emergency Contacts:

#1:_____ Phone #:_____

#2:_____ Phone #:_____

#3:_____ Phone #:_____

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

APPLICATION FOR REGISTRATION OF BUSINESS

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this area office use only

Local ID#:_____ State ID#:_____ Date Registered:_____

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Alarm/Suppression System Information:

Describe System:_____

Monitoring Co. Name:_____

Phone #:_____

Description of use/occupancy of this building/business:

_____

_____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

_____ _____

Print Name Signature

_____ _____

Title Date