Inspection Date: _____

Inspections Mon – Fri 9:00 am – 3:00 pm

FEE $175

CHECK OR MONEY ORDER ONLY

Application for Certificate of Business Compliance

Block: _____ Lot: _____ Zone: _____ Date Rec'd: _____ Certificate No: _____

Site Location: _____

THIS APPLICATION IS FOR:

___ Transfer of property ownership ONLY

___ New tenant/business ONLY

___ Transfer of property ownership & new tenant/business

New tenant or new owner's name: _____

Mailing Address: _____

Phone: _____ Email: _____

Description of occupancy/business: _____

_____

_____

Description of proposed alterations: _____

FOR OFFICE USE ONLY

	Signature	**Date**
Building:		
Electric:		
Plumbing:		
Fire:		
Zoning:		
Health:		
Hazmat:		
Maintenance:		
P.V.S.C:		

CCO ORD. No. 5071-86 (Chapter 195) Certificate required for renting, rerenting, or sale of commercial or industrial property

I. Property for which application is being made: **(Current property owner/landlord needs to fill out this section)**

Location of property: _____

Property owner's name: _____

Owner's mailing address: _____

Telephone No. (Business): _____ (Cell): _____

Previous tenant's name: _____ Previous use of space: _____

Owner's authorization: I hereby authorize my agent to act and sign on my behalf and take all action necessary for the processing of this application.

SECTION I WILL BE SIGNED BY:

___ Agent

__ Owner

_____

(Owner/Agent signature) (Printed Name) (Date)

II. Proposed tenant or new owner of the building:

Tenant or new owner's name: _____

Business name: _____

Present mailing address: _____

Detailed description of proposed use: _____

_____

Hours of operation: from _____ to _____ Days of operation: _____

Total proposed occupancy (employees & customers): _____

Chemical or hazardous materials anticipated: MSDS sheets required: _____

Air/water/chemical discharge anticipated: _____

Is outdoor storage anticipated? _____ Is outdoor sales anticipated? _____

Parking of commercial vehicles anticipated: _____ NO _____YES No. of vehicles: _____

Signature of applicant (must be the same applicant as section II above):

_____

(Applicant's signature) (Printed name) (Date)

City of Clifton Office of Economic Development

Please complete the following information to assist in updating the list of Clifton Businesses.

Date: _____

Name of Business: _____

Type of Business: _____

Clifton Address of Business: _____

Is this a Relocation from another Clifton Address? Yes ____ No ____

If Yes, old Clifton Address: _____

Business Owner or Contact Person: _____

Telephone No. Business Owner or Contact Person:

Land Line: _____

Cellular: _____

Email Address: _____

Anticipated Opening Date: _____

Permit No. _____

Should you have any questions regarding City Services or for General Information, please contact Economic Development at (973) 470-5200.

INSPECTION & COMPLIANCE BUREAU
CONNECTIONS UNIT

PLEASE NOTE:

**** All referral applications must be completed entirely with a valid email address and current phone number of the applicant. Application's that are handed in incomplete or illegible will not be processed.***

****All referral applications must be submitted with a 5-year water consumption report. Which can be obtain by Passaic Valley Water Commission at: (973)-340-4300 option # 2***

Any questions or concerns please feel free to contact Inspector Gregory Inoa at (973) 344-4215 or email ginoa@pvsc.com

Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

Form SCF-26 FMG
Revised: (12/28/25)

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)*

This form is intended for use by PVSC and its Inspectors. The purpose is to help the applicant/ owner comply with UCC's Prior Approval (NJAC 5:23) as well as PVSC's Rules and Regulations under sections 602.6 / 602.7 Any project needing a TWA should use the 4 page application found on-line at https://www.nj.gov/pvsc/what/connect/