

Code Compliance Office

Borough of Hillsdale
380 Hillsdale Avenue
Hillsdale, NJ 07642
201-722-2612
Fax: 201-664-0337

Requirements for change of ownership or tenant of commercial building or business.

1. Letter to be submitted by the new owner or tenant stating that the sale of a property/business is to take place at said location within Hillsdale, with an eighty dollar fee (\$80.00) for the review.
2. The letter should state whether the use is to remain the same or if changes are to be made to the location after the sale. All information about the new business should be indicated in the letter with number of employees, addition parking spaces, and information relating to the new ownership of the property/business.
3. If changes are to be made to the site, or to the current use, a site plan application must be submitted to the zoning department and may require going to the board for approval.
4. This will heard by the board, and they will provide this office with notification of approval, or denial with full details of conditions.
5. If no changes are to take place, then after a review by the zoning official or the zoning inspector a fire inspection will take place and a Continuing Certificate of Occupancy will be issued.
6. Every change of tenant in any commercial space, must provide the following:
Architectural plans layout of space with reflective ceiling plan – indicating existing or new exit signs and lights as well as Occupancy Load, Use group, Construction Class/ Key map of the building with tenants must be provided.

BOROUGH OF HILLSDALE
380 Hillsdale Avenue
Hillsdale, New Jersey 07642

Phone: 201- 722-2612 – Ext 1563
Fax: 201-664-0337

NEW BUSINESS APPLICATION

Date: _____

Change of Tenant ____ Yes/No **Change of Owner** ____ Yes/No **Change of Use** ____ Yes/No

Property Owner _____

Property Address _____

Block _____ **Lot** _____ **Zone** _____ **Phone Number** _____ **E-Mail** _____

Prior Tenant Name _____ **Suite** _____

New Tenant Name _____

New Tenant Home Address _____

New Tenant Business Phone _____

New Tenant Home Phone (Emergency) _____

New Business Name _____

Type of Business _____

Hours of Operation _____ Number of Employees _____

Number of onsite parking spaces _____ Outside Storage _____

Proposed Building Improvements _____ Yes/No Explain _____

Square Footage _____

Check payable to: the Borough of Hillsdale, NJ for **\$80.00** Check # _____ Check date _____

Applicants Signature _____ Date _____

Steven Loesner, Zoning Official _____

Hillsdale Fire Prevention Bureau

380 Hillsdale Ave.
Hillsdale, New Jersey 07642
Voice Mail: 201-722-2612 ex-1564
Fax: 201-664-0337

Annual or New Business Registration
(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 52:27D-203 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 Code for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within Sixty (60) days of receipt. 52:27D-203

this area office use only

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

Business Name: _____

Street Address: _____

Phone #: _____ Fax #: _____

Do you... OWN or LEASE the property (circle one) Your sq. ft. total: _____

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 _____

Government _____ Cooperative _____ Condominium _____ LLC _____

Manager/Agent:

Name: _____

Address: _____

City, State Zip: _____

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:_____

Emergency Contacts:

#1:_____ Phone #:_____

#2:_____ Phone #:_____

#3:_____ Phone #:_____

Alarm/Suppression System Information:

☐ Smoke Detectors Only ☐ Sprinkler System Only ☐ Both ☐ None

Monitoring Co. Name:_____ ☐ NOT Monitored

Phone #:_____

Required Key Box location: ☐ By Front Door ☐ Left Side of Bldg.

☐ Right Side of Bldg ☐ Rear of Bldg. ☐ No Box Present

Description of use/occupancy of this building/business:

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 _____