BOROUGH OF ORADELL
355 Kinderkamack Road
ORADELL, NEW JERSEY 07649
(201)261-8005

STEPHEN A. DEPKEN
CONSTRUCTION OFFICIAL
ZONING OFFICER
PROPERTY MAINTENANCE OFFICER
ZONING & PLANNING BOARD ADMINISTRATOR

RRC – RESALE / RENTAL / CERTIFICATE APPLICATION (BUSINESS)
RESALE OR RENTAL

30 days advance inspection notice is required ** Inspections: Monday thru Friday 10:30am – 2:00pm
A completed application and fee must be submitted prior to scheduling an appointment.
Inspection fees must be prepaid – Make checks payable to "Borough of Oradell"
A $500. Penalty will be assessed for closing or leasing before cco is issued.

If inspection date or certificate request is made:
5 to 10 business days prior to closing or change of occupancy: The fee is the original fee + ½ the original fee.
4 business days or less prior to closing or change of occupancy: The fee is double the original fee.

CERTIFICATE #_____ Date:_____

(Please type or print clearly)

Block:_____,lot:_____,zone:_____

Address:_____

Phone #:_____ email:_____

Name of person in charge:_____

Name of present owner:_____

Address:_____

Town:_____ state:_____ zip code:_____

Phone #_____ email:_____

Description of use of premises:_____

_____

Name of new owner:_____

Name of person in charge:_____

Description of use of premises:_____

_____

Phone #_____ email:_____

Automatic fire alarm:_____ burglar alarm:_____ Closing date:_____

CERTIFICATE #_____ Construction Official_____ Date_____

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FOR RENTAL USE ONLY

Name of Tenant:_____ **Suite #:**_____

Phone #:_____ **Email:**_____

Address:_____

Type of Business or Use, Products Handled:_____

_____

Day/Hours of Operations:_____

Total Sq.Ft of Space:_____

Number of Employees / Occupants - Total: _____

Notify In Case of Emergency:

Name:_____

Phone #:_____ **Email:**_____

Address:_____

Town:_____ **State:**_____ **Zip Code**_____

(Permits are required for any signage change)

Signature of owner of building:_____

Fee: $200, reinspection fee: $80

cash:_____**(exact amount)** **check #:**_____ **Received by:**_____ **date:**_____

Approved By: **Construction Official:**_____ **Date:**_____

Fire Prevention:_____**Date:**_____

Health Dept.:_____ **Date:**_____

CERTIFICATE #:_____

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Borough of Oradell
Bureau of Fire Prevention
Inspection • Education • Investigation

355 Kinderkamack Road
Oradell, NJ 07649
(201) 261-4234

CCO INFORMATION

PLEASE PRINT OR TYPE

BUISNESS OWNER INFORMATION

NAME OF BUSINESS_____

ADDRESS OF BUSINESS_____

BUSINESS PHONE NUMBER__(___)_____

BUSINESS OWNER'S NAME_____

HOME ADDRESS_____

HOME CITY & STATE & ZIP_____

HOME PHONE NUMBER___(___)_____

EMERGENCY CONTACT _____

(OTHER THAN OWNER) PHONE #___(___)_____

SQUARE FEET OF SPACE_____

BUILDING OWNER INFORMATION

NAME OF BUILDING OWNER_____

ADDRESS OF BUILDING OWNER_____

CITY& STATE & ZIP_____

PHONE NUMBER___(___)_____

EMERGENCY CONTACT NAME_____

EMGENENCY PHONE NUMBER_____

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Oradell Police Department

In an attempt to maintain and update our records, the Oradell Police Department requires your assistance. Please provide the following information and fax it to the Oradell Police Department Fax (201) 261-5573 or drop it off in person at 355 Kinderkamack Road, Oradell, New Jersey 07649. ***Please print clearly.***

Name of business: _____

Address: _____

Phone number of business: _____

Name of business replacing (if known) _____

Will the business premises have an alarm set up? ☐Yes ☐No. If yes, please indicate and contact police records at (201) 261-0200 x238.

Please provide up to four emergency contacts that can be reached on off hours in case of emergency.

Emergency Contact #1

Name: Last: _____ First: _____

Home address: _____
Street Town State (We will only have local PD respond in emergency)

Best phone number: _____

Emergency Contact #2

Name: Last: _____ First: _____

Home address: _____
Street Town State (We will only have local PD respond in emergency)

Best phone number: _____

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Emergency Contact #3

Name: Last: _____ First: _____

Home address: _____
Street Town State (We will only have local PD respond in emergency)

Best phone number: _____

Emergency Contact #4

Name: Last: _____ First: _____

Home address: _____
Street Town State (We will only have local PD respond in emergency)

Best phone number: _____