# BOROUGH OF PARAMUS

## Building Department

1 Jockish Square
Paramus, NJ 07652
Tel: (201)265-2100 Ext. 2230
Building@paramusborough.gov

## APPLICATION FOR COMMERCIAL CONTRACTOR'S REGISTRATION

**Contractor Number _____ Fee _____ Date_____**

**Check #_____ Cash _____ Credit Card _____**

**BUSINESS NAME _____**

**CONTACT _____**

**STREET ADDRESS _____**

**CITY _____ STATE _____ ZIP CODE_____**

**PHONE _____ CELL _____**

**EMAIL _____**

**CONTRACTOR:**
- ☐ Individual
- ☐ Partnership
- ☐ Corporation

**CLASSIFICATION:**
- ☐ General Contractor
- ☐ Roofing & Siding
- ☐ Sign Contractor
- ☐ Subcontractor
- ☐ Demolition Contractor
- ☐ Other

**INSURANCE CARRIER NAME_____**

**INSURANCE CARRIER POLICY #_____**

**STREET ADDRESS_____**

**CITY_____ STATE _____ ZIP CODE_____**

**PHONE_____ EMAIL _____**

**I certify that I (we) have read this application thoroughly and agree to conform with the provisions of all Local and State regulations concerning building construction.**

**Signature _____**

**NOTE: Please submit a copy of the Declarations Page of your Company's Liability Policy along with a $100 check payable to the Borough of Paramus**
**CHAPTER 179-1 OF THE BOROUGH OF PARAMUS CODE**