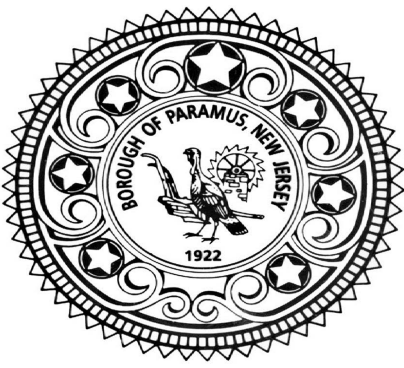




BOROUGH OF PARAMUS

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**