MAYOR
ALBIO SIRES | PUBLIC SAFETY
COMMISSIONERS
ADAM W. PARKINSON | REVENUE & FINANCE
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS
CODE ENFORCMENT/BUILDING DEPARTMENT
THOMAS O'MALLEY| CONSTRUCTION OFFICIAL
TOMOMALLEY@WESTNEWYORKNJ.ORG
O. 201.295.5170

TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY

MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
FIRE PREVENTION 6015 TYLER PLACE
(201).295.5220
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

MIXED USE

OWNER CERTIFICATE

FEE: $400.00 + $50.00 EACH RESIDENTIAL UNIT - PAYABLE TO TOWN OF WEST NEW YORK.

Today's Date:_____ Anticipated Closing Date:_____

PROPERTY INFORMATION

Property Address:_____

Property Currently Used As:_____

# of units: RESIDENTIAL ___ COMMERICAL__ INDUSTRIAL___ BUSINESS___

Is the property vacant: **YES or No** If NOT VACANT, what is/are the name of the business(es) operating out of this property?:_____

_____

Type of business(es): _____

Current signage at the property: Awning _____ Wall Sign _____

PRESENT OWNER INFORMATION

Present owner of property as appears on deed. If Corp. list full name of C.E.O LLC's Must Include Actual Name of Manager/Principal or application will be rejected

PRESENT OWNER'S NAME: _____

ADDRESS:_____ EMAIL:_____

Daytime phone # of PRESENT OWNER: H:_____ C:_____

BUSINESS OWNER INFORMATION

LLC's Must Include Actual Name of Manager/Principal or application will be rejected

Business Owner's Name:_____

Business Owner's Address:_____

Business Owner's Telephone Number:_____ Cell Phone #_____

PURCHASER'S INFORMATION

Purchaser of property as it will appear on deed. If Corp. list full name of C.E.O LLC's Must Include Actual Name of Manager/Principal

PURCHASER'S NAME:_____

PURCHASER'S COMPLETE ADDRESS:_____

_____

Telephone # of PURCHASER:_____EMAIL:_____

NAME OF PERSON WHO BE AT THE INSPECTION AND TELPHONE NUMBER:

NAME:_____CELL NUMBER:_____

***APPLICATION MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED**

_____
PURCHASER Signature

SWORN TO AND SUBSCRIBE TO ME BEFORE ON THIS ____ DAY OF _____, 20___

_____
PURCHASER Name (PRINT)

PLEASE NOTE THERE WILL BE A $50.00 REINSPECTION FEE FOR EACH ADDITIONAL INSPECTION.

DO NOT WRITE BELOW THIS LINE

****

Inspection Date:_____ Inspector:_____ Inspection Results:_____

( ) NFPA REPORT PROVIDE_____

_____

_____

_____