

## **BOROUGH OF PARK RIDGE**

55 Park Avenue Park Ridge, NJ 07656

ZONING OFFICER (201) 573-1800 x506 FAX: (201) 391-7130 Website: www.parkridgeboro.com

## APPLICATION FOR A CERTIFICATE OF CONTINUED OCCUPANCY

Change of Tenancy - Commercial or Office Use

BLOCK:	LOT:	ZONE	: <u></u>	DATE:
Address of subject property:_				
Telephone Number: Business			Cell	
Email:				
Name of New Tenant:				
Proposed Use:				
Previous Use:				
Date of Lease / Occupancy				
Signature of Applicant:				
Signature of Agent / Owner:_				Date:
CLOSING DATE:				
*********	*****	******	*******	*******
FOR OFFICE USE ONLY				
CCO FEE: \$125				
Check/Cash		Received by:		Date:
Date CCO Issued:				
Signed:	Date:_	Signed:_		Date:
Zoning Officer		F	Fire Prevention	Officer
****PLEASE NOTE: A	KNOX BOX	X KEY MUST	BE PROVIDE	D TO FIRE PREVENTION

INSPECTOR.

## Block\_\_\_\_\_\_Lot\_\_\_\_\_Zone 1. Location of property: 2. Property owner's name: 3. Property owner's address: \_\_\_\_\_ 4. Telephone number (business) \_\_\_\_\_\_ (residence) \_\_\_\_\_ 5. Previous tenant/use: Proposed tenant/use: Name of tenant/company name: 2. Present mailing address: 3. Telephone number: 4. Detailed description of Proposed Use:\_\_\_\_ Type of business: Hours of operation: Days of operation: Number of employees: Number of off-street parking spaces provided: Number of trucks/trailers owned: ſ. Description of trucks/trailers: Description of manufacturing equipment/process: Chemical/hazardous materials anticipated: í. Air/water discharge anticipated: Outdoor storage activities planned: Square footage of area: Office Retail Take-out food service Restaurant # of seats Other

Purpose of which application is made: