



TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

PHONE: 973-882-2700 DEPT. EXT. 2500

FAX: 973-882-1079

WILLIAM GALESE
MAYOR

ZONING DEPARTMENT

Certificate of Re-Occupancy Commercial Sale of Building or Condominium

Fee of \$200.00 must accompany this Application

Note: The Granting of this Re-Occupancy Permit does not exempt you from the need to obtain other required permits

1. The location of Business (Address): _____

Block: _____ Lot: _____ Building #: _____ Unit #: _____ Zoning District: _____

2. Current owner of Building: _____

Phone #: _____

Address: _____

3. Proposed New Owner of Building: _____

Phone #: _____

Address: _____

4. Are there currently tenants in this building? _____

If yes, tenants name: _____

5. Is the new owner going to be occupying the building? _____

6. If yes, please provide the name of the new business _____

Please note: any change in tenancy requires a certificate of re-occupancy for the new business prior to occupying the building.

7. Total Sq. Ft. of Entire Building: _____

Sq. Ft. Breakdown of Entire Building:

Office: _____ Warehouse: _____ Mfg: _____ Retail: _____ Other: _____

8. Total Number of Parking for entire Building: _____

9. To the applicant's knowledge, have the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board? _____

If yes, please explain:

Signature of Current Owner: _____ Date: _____

Type or Print Name: _____

Signature of Proposed Owner: _____ Date: _____

Type or Print Name: _____

Name and Phone Number to contact when certificate is ready:

Name: _____ Phone Number: _____

Type or Print Name: _____ Tentative date of Occupancy of space: _____

The Completed Application must be notarized:

Notary signature: _____ Date: _____

My commission expires: _____ Seal: _____

Do not write below line: Zoning Officer Use Only:

Check #: _____

Date Approved: _____

Zoning Permit #: _____

Glenn Plumstead (Zoning Officer): _____

Date: _____