



WILLIAM GALESE  
MAYOR

# TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

PHONE: 973-882-2700 EXT.2037

FAX: 973-244-9255

## ZONING DEPARTMENT

### Commercial Application – Certificate of Re-Occupancy

Fee of \$200.00 Must Accompany This Application

Note: The Granting of a Re-Occupancy Permit Does Not Negate The Need To Obtain Other Required Approval

1. Location of Business (Address): \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Building No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_
2. Name of Business (Tenant): \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FEID#: \_\_\_\_\_
3. Tenant Owner Name / If Incorporated Authorized Officer: \_\_\_\_\_
4. Owner of Property: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FEID#: \_\_\_\_\_  
Address / City / State / of Property Owner: \_\_\_\_\_
5. Zoning District: \_\_\_\_\_
6. Total Sq. Ft. of Entire Building: \_\_\_\_\_  
Sq. Ft. Breakdown of Entire Building: Office: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Mfg.: \_\_\_\_\_  
Retail: \_\_\_\_\_ Other: \_\_\_\_\_
7. Total Sq. Ft. to be Occupied by Tenant: \_\_\_\_\_  
Sq. Ft. Breakdown of Entire Building: Office: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Mfg.: \_\_\_\_\_  
Retail: \_\_\_\_\_ Other: \_\_\_\_\_
8. Total Number of Parking for entire Building: \_\_\_\_\_ Number of employees of New Tenant: \_\_\_\_\_
9. Will there be overnight parking of truck?: \_\_\_\_\_ If yes, how many?: \_\_\_\_\_  
Trailers?: \_\_\_\_\_ Construction Vehicles?: \_\_\_\_\_
10. Will there be outside storage of Material?: \_\_\_\_\_ 10.1. Previous Use and Tenant name?: \_\_\_\_\_
11. Proposed Use: Describe in detail the specific activity and type of business to be conducted in the principle building (must be completed by tenant): \_\_\_\_\_

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Note: A floor plan of the tenant space must be sent to Fairfield Fire Prevention Bureau for approval.

Any use of Chemicals (yes or no): \_\_\_\_\_ Storage: \_\_\_\_\_ Mfg. \_\_\_\_\_ Use: \_\_\_\_\_

If chemicals used, stored or mfg., applicant must provide Fairfield Fire Prevention Bureau with chemical list and file for a Hazardous Chemical Permit.

12. State whether any of the activities described in number (11) above are conducted as a nonconforming use: (If so, state facts supporting this contention)

Must be signed by Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

13. 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) \_\_\_\_\_

Zoning Officer Use Only: (Do not write below line)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check # \_\_\_\_\_ Date Approved \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Signature of property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Or

Authorized Agent with proof of such Authorization (letter from owner)

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

NAME AND PHONE NUMBER TO CONTACT WHEN CERTIFICATE IS READY:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

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THE COMPLETED APPLICATION MUST BE NOTARIZED:

Notary's signature: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_ Seal: \_\_\_\_\_



**TOWNSHIP OF FAIRFIELD**  
 230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004  
 PHONE: 973-882-2700 EXT. 2506  
 FAX: 973-244-0178  
 LEA 07070  
**FIRE PREVENTION OFFICE**

**Business Registration Form**

Pursuant to the N.J. and Fairfield Township Registration System, you are hereby required to supply the information listed below.

**CRO INSPECTION WILL BE SCHEDULED ONCE THE FORM HAS BEEN FILLED OUT AND SUBMITTED.**

**Business Details**

Business Name: \_\_\_\_\_ Business Phone#: ( ) -  
 Business Address: \_\_\_\_\_ Business Address2: \_\_\_\_\_  
 Type of Ownership:  Corporation  LLC  Partnership  Condominium  Private  Gov.Agency  Cooperative  
 Type of Business: \_\_\_\_\_  
 Federal I.D.: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_

**Business Owner**

Owner Name: \_\_\_\_\_  Owned by Corporation  Individual  
 Owner Address: \_\_\_\_\_ Owner Address2: \_\_\_\_\_  
 Owner City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Phone: ( ) - \_\_\_\_\_ Owner Mobile Phone#: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Include in Emergency Contact List. If Yes, Contact Seq#

**Building Owner**  Check if Building Owner is same as Business Owner (If different, complete the section below)

Owner Name: \_\_\_\_\_  Owned by Corporation  Individual  
 Owner Address: \_\_\_\_\_ Owner Address2: \_\_\_\_\_  
 Owner City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Phone: ( ) - \_\_\_\_\_ Owner Mobile Phone#: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Include in Emergency Contact List. If Yes, Contact Seq#

**Agent/Manager**  Check if Agent is same as Business Owner (If different, complete the section below)

Agent Name: \_\_\_\_\_ Agent Title: \_\_\_\_\_  
 Agent Address: \_\_\_\_\_ Agent Address2: \_\_\_\_\_  
 Agent City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent Phone: ( ) - \_\_\_\_\_ Agent Mobile Phone#: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Include in Emergency Contact List. If Yes, Contact Seq#

**Emergency Contacts** (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email
		( ) -	( ) -	
		( ) -	( ) -	
		( ) -	( ) -	

**Construction**

#of Floors: \_\_\_\_\_

- |                                      |  |   |  |  |  |  |  |
|--------------------------------------|--|---|--|--|--|--|--|
| <input type="checkbox"/> Attic       | <input type="checkbox"/> Basement          | <input type="checkbox"/> Roof Hatches       | <input type="checkbox"/> Skylights             | <input type="checkbox"/> Exit Signs          | <input type="checkbox"/> Emergency Lights      |  |  |
| <input type="checkbox"/> Fire Escape | Type                                       |   |  |  |  |  |  |
| <input type="checkbox"/> Elevators   | Location                                   |   |  |  |  | <input type="checkbox"/> Elevator Recall |  |
| Construction Type                    | <input type="checkbox"/> I-A High Rise     | <input type="checkbox"/> I-B Mid Rise       | <input type="checkbox"/> I-V Heavy Timber      | <input type="checkbox"/> II-A Prot. Non-Comb | <input type="checkbox"/> II-B UnProt. Non-Comb | <input type="checkbox"/> III-A Prot.Comb |  |
|                                      | <input type="checkbox"/> III-B UnProt.Comb | <input type="checkbox"/> V-A Prot.Woodframe | <input type="checkbox"/> V-B UnPort. Woodframe |  |  |  |  |
| Floor Construction                   | <input type="checkbox"/> Concrete          | <input type="checkbox"/> Wood               |  |  |  |  |  |
| Bearing Walls                        | <input type="checkbox"/> Concrete          | <input type="checkbox"/> Wood               | <input type="checkbox"/> Block                 | <input type="checkbox"/> Brick               | <input type="checkbox"/> Metal                 | <input type="checkbox"/> Other           |  |
| Ceiling                              | <input type="checkbox"/> Plaster           | <input type="checkbox"/> Wood               | <input type="checkbox"/> Sheet Rock            | <input type="checkbox"/> Acoustic            | <input type="checkbox"/> Metal                 | <input type="checkbox"/> Other           |  |
| Roof Covering                        | <input type="checkbox"/> Concrete          | <input type="checkbox"/> Wood               | <input type="checkbox"/> Reinf.Concrete        | <input type="checkbox"/> Trusses             | <input type="checkbox"/> Metal                 | <input type="checkbox"/> Other           |  |
| Heating                              | <input type="checkbox"/> Oil               | <input type="checkbox"/> Gas                | <input type="checkbox"/> Electric              | <input type="checkbox"/> Hot Water           | <input type="checkbox"/> Hot Air               | <input type="checkbox"/> Steam           |  |
| Electric                             | <input type="checkbox"/> Fuses             | <input type="checkbox"/> Circuit Breakers   |  |  |  |  |  |
| Electric Wiring                      | <input type="checkbox"/> EMT-Flexible      | <input type="checkbox"/> Metal              |  |  |  |  |  |
| Trusses                              | <input type="checkbox"/> None              | <input type="checkbox"/> Floor              | <input type="checkbox"/> Roof                  | <input type="checkbox"/> Roof & Floor        |  |  |  |
| Truss Floor                          | <input type="checkbox"/> Wood              | <input type="checkbox"/> Metallic           | <input type="checkbox"/> Hybrid                | <input type="checkbox"/> Pratt               | <input type="checkbox"/> Parallel              |  |  |
| Truss Roof                           | <input type="checkbox"/> Common            | <input type="checkbox"/> Scissors           | <input type="checkbox"/> Bowstring             | <input type="checkbox"/> Flat                | <input type="checkbox"/> Cantilever            |  |  |
| # of Stairwells                      | <input type="checkbox"/> # Enclosed        |   |  |  |  |  |  |
| Exit Doors/#exists                   | <input type="checkbox"/> Fire Walls        |   |  |  |  |  |  |
| Entry Points                         |  |   |  |  |  |  |  |

**Area (in Sq. Feet)**

Total Sq. Ft: \_\_\_\_\_

Building: \_\_\_\_\_

Tenant Space: \_\_\_\_\_

**Hazmat (Add additional sheets if needed)**

SDS#	Chemical Name	Capacity	Activate Date

**Additional Information**

Please email, fax or mail the completed form to the above address. Thank You.