



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): _____

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 (1.1) 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: _____

THE COMPLETED APPLICATION MUST BE NOTARIZED:

Notary's signature: _____ Date: _____

My commission expires: _____ Seal: _____



TOWNSHIP OF FAIRFIELD
230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

BLDG. DEPT. PHONE: 973-882-2700 EXT. 2503
ZONING DEPT. EXT. 2037 / FAX: 973-244-9255

BUILDING/ZONING DEPARTMENT

Please submit this form to the Building Department when Completed

**Please attach a copy of the approved resolution if this required
Planning Board approval or Board of Adjustment approval.**

**License Approval for Certificate of Re-Occupancy
Issuance**

Official use only

Certificate of Re-Occupancy will not be issued from the Building Department without all signatures

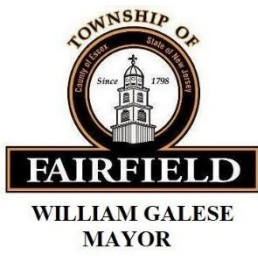
Does not apply (NA)

Municipal Clerk- _____ Date _____

Fire Official- _____ Date _____

Health Department - _____ Date _____

Construction Official- _____ Date _____



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: _____
E.g., 502 Pleasant Valley Ave Suite, Unit, Floor, eg., Suite 1
 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
Corporate Name or if individual then First Last and Middle Name
 Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1
 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
Corporate Name or if individual then First Last and Middle Name
 Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1
 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: _____
First Last and Middle Name
 Agent Address: _____ Agent Address2: _____
Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1
 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	_____	# Enclosed	_____				
Exit Doors/#exists	_____	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.