

Inspection Date: \_\_\_\_\_

*Inspections Mon – Fri 9:00 am – 3:00 pm*

**\$175**

## Application for Certificate of Business Compliance

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Site Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tenant or New Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of  
Occupancy/ Business: \_\_\_\_\_

**CCO ORD. No. 5071-86 (Chapter 195) Certificate Required for Renting, Rerenting, or Sale of  
Commercial or Industrial Property**

Subcode	Signature	Date
Building: _____		
Electric: _____		
Plumbing: _____		
Fire: _____		
Zoning: _____		
Health: _____		
Hazmat: _____		
Maintenance: _____		
P.V.S.C: _____		
Fire Prevention: _____		

*Fill in all applicable blanks on opposite side. All applicants must submit a copy of a lease or other official documentation indicating the use that occurred prior to proposed use*

**I. Property for which application is made:**

- (A) Location of Property: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_
- (B) Property Owner's Name: \_\_\_\_\_
- (C) Owner's Mailing Address: \_\_\_\_\_
- (D) Telephone (Business): \_\_\_\_\_ (Residence): \_\_\_\_\_
- (E) Previous Tenants Name: \_\_\_\_\_ Previous Use of Space: \_\_\_\_\_
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**II. Proposed Tenant or New Owner of the Building:**

- (F) Name of Tenant/Occupant: \_\_\_\_\_ Company Name: \_\_\_\_\_
- (G) Present Mailing Address: \_\_\_\_\_
- (H) Detailed Description of Proposed Use: \_\_\_\_\_
- (I) Hours of Operation – From: \_\_\_\_\_ To: \_\_\_\_\_ Days of Operation: \_\_\_\_\_
- (J) Total Proposed Occupancy (Employees & Customers): \_\_\_\_\_
- (K) Chemical or Hazardous Materials Anticipated: MSDS Sheets Required: \_\_\_\_\_
- (L) Air/Water/Chemical Discharge Anticipated: \_\_\_\_\_
- (M) Description of Proposed Alterations: \_\_\_\_\_
- (N) Is Outdoor Storage Anticipated: \_\_\_\_\_ Is Retail Outlet Store Anticipated: \_\_\_\_\_
- (O) Parking of Commercial Vehicles Anticipated: \_\_\_\_\_ NO \_\_\_\_\_ YES #: \_\_\_\_\_
- (P) Specific Square Footage of Areas (Office): \_\_\_\_\_ (Warehouse): \_\_\_\_\_ (Factory): \_\_\_\_\_
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**III. Signature of Applicant (Must be the same as section II. above):**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**IV. Owner's Authorization:**

I hereby authorize as my agent in matters pertaining to this application

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

## **City of Clifton Office of Economic Development**

In an effort to assist our office of Economic Development with its records of Clifton businesses, please complete the following information:

Applicant's Name: \_\_\_\_\_

Applicant's Current Business Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

If Different, New Business Address: \_\_\_\_\_

Purchase of an Existing Business: Yes \_\_\_\_\_ No \_\_\_\_\_

Business Owner or Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_

Permit No: \_\_\_\_\_

Today's Date: \_\_\_\_\_

If you need assistance with your business, at any time, please call Allan Ryff at (973) 470-5200.

**City of Clifton Office of Economic Development**



## **INSPECTION & COMPLIANCE BUREAU**

### **CONNECTIONS UNIT**

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# **PLEASE NOTE:**

**\*As of 01/01/2021 the cost per gallon for every Connections Unit file will increase by 11¢ over the 2020 rate.**

- All referral applications must be completed entirely with an email address and phone number where the inspector can contact the applicant for any questions regarding the project.
- All referral applications must be submitted with the 5 years water consumption which can be obtained by calling **PWSC** at 973-340-4300 option **#2.**

**THANK YOU IN ADVANCE FOR YOUR CONTINUED CO-OPERATION**

Daniel Valentin 973 466 2926

[dvalentin@pusc.com](mailto:dvalentin@pusc.com)

***Si Hablamos en Español***

*\*If an emergency should arise please call my office 973 817 5706.*

*\* Si se presenta una emergencia por favor llame a mi oficina 973 466 2926*

