

Inspection Date: _____

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

FEE \$175

CHECK OR MONEY ORDER ONLY

Application for Certificate of Business Compliance

Block: _____ Lot: _____ Zone: _____ Date Rec'd: _____ Certificate No: _____

Site Location: _____

THIS APPLICATION IS FOR:

- Transfer of property ownership ONLY
- New tenant/business ONLY
- Transfer of property ownership & new tenant/business

New tenant or new owner's name: _____

Mailing Address: _____

Phone: _____ Email: _____

Description of occupancy/business: _____

Description of proposed alterations: _____

FOR OFFICE USE ONLY

Signature

Date

Building: _____

Electric: _____

Plumbing: _____

Fire: _____

Zoning: _____

Health: _____

Hazmat: _____

Maintenance: _____

P.V.S.C: _____

I. Property for which application is being made: (Current property owner/landlord needs to fill out this section)

Location of property: _____

Property owner's name: _____

Owner's mailing address: _____

Telephone No. (Business): _____ (Cell): _____

Previous tenant's name: _____ Previous use of space: _____

Owner's authorization: I hereby authorize my agent to act and sign on my behalf and take all action necessary for the processing of this application.

SECTION I WILL BE SIGNED BY:

___ Agent

___ Owner

(Owner/Agent signature)

(Printed Name)

(Date)

II. Proposed tenant or new owner of the building:

Tenant or new owner's name: _____

Business name: _____

Present mailing address: _____

Detailed description of proposed use: _____

Hours of operation: from _____ to _____ Days of operation: _____

Total proposed occupancy (employees & customers): _____

Chemical or hazardous materials anticipated: MSDS sheets required: _____

Air/water/chemical discharge anticipated: _____

Is outdoor storage anticipated? _____ Is outdoor sales anticipated? _____

Parking of commercial vehicles anticipated: _____ NO _____ YES No. of vehicles: _____

Signature of applicant (must be the same applicant as section II above):

(Applicant's signature)

(Printed name)

(Date)

City of Clifton Office of Economic Development

Please complete the following information to assist in updating the list of Clifton Businesses.

Date: _____

Name of Business: _____

Type of Business: _____

Clifton Address of Business: _____

Is this a Relocation from another Clifton Address? Yes ____ No ____

If Yes, old Clifton Address: _____

Business Owner or Contact Person: _____

Telephone No. Business Owner or Contact Person:

Land Line: _____

Cellular: _____

Email Address: _____

Anticipated Opening Date: _____

Permit No. _____

Should you have any questions regarding City Services or for General Information, please contact Economic Development at (973) 470-5200.



INSPECTION & COMPLIANCE BUREAU

CONNECTIONS UNIT

PLEASE NOTE:

As of 1/01/2023 the cost per gallon for every Connections Unit file will increase by 10¢ over the 2022 rate.

**** All referral applications must be completed entirely with a valid email address and current phone number of the applicant. Application's that are handed in **incomplete or illegible** will not be processed.***

****All referral applications must be submitted with a 5-year water consumption report. Which can be obtain by Passaic Valley Water Commission at (973)-340-4300 option # 2***

Any questions or concerns please feel free to contact Inspector Michael Torres at (973) 817- 5901 or email mtorres@pvsc.com

****Should you have any questions or concerns please call the Connections Unit office 973 817 5706.***



INSPECTION & COMPLIANCE BUREAU

CONNECTIONS UNIT

MUNICIPAL REFERRAL FORM

In accordance with 602.6 of the PVSC Rules and Regulations (R&R), any person seeking to connect to the sewer or change the operation of an existing connection must fill out this form. This form must be filled out completely and faxed to PVSC at (973) 466-2712 at the close of each business day (PVSC R&R 602.7). For help with this form please contact the Connections Unit at (973) 817 5706 or the PVSC Inspector (card attached)

1.) Applicant Information: *(Please Print Neatly; This is Where Your Approval Letter Will be Mailed)*

Name:		Contact:	
Address:		Street Addresses only, No P.O Boxes accepted	
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	

2.) Property Owner Information: *(If Different From #1, Please Print Neatly) SAME AS ABOVE []*

Name:		Contact:	
Address:		Street Addresses only, No P.O Boxes accepted	
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	

3.) Project Information *(Please Print Neatly)*

Address:			Unit #:	Floor # :
City:	State: NJ	Zip Code:	Block:	Lot:
Project Description:				

Submitted by: _____
(Signature)
(Print name)
(Date)

To be filled out by PVSC Personnel Only:				Change of Use/Operation/Tenant	<input type="checkbox"/>	No Connection	<input type="checkbox"/>
New Build	<input type="checkbox"/>	Knockdown / Rebuild	<input type="checkbox"/>	Renovation or Addition	<input type="checkbox"/>	Public Project	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>
Review No Fee	<input type="checkbox"/>	Connection Fee	<input type="checkbox"/>	CO / CCO _____	<input type="checkbox"/>	Confirmed Active Use	<input type="checkbox"/>
					<input type="checkbox"/>	Other _____	<input type="checkbox"/>

For Changes in Use / Operation: _____ Referred to: _____

Category	Existing	Proposed	Net	Category	Existing	Proposed	Net
Number of Dwelling Units				SF of Retail or Office Space			
# of 1 Bedroom Units				Seats 3 15 20 35 50			
# of 2 Bedroom Units				Students/Employees			
# of 3 Bedroom Units or Larger				Other			

Age Restricted: Yes No 501C3: Yes No Increase/ Decrease in Gallons Per Day (GPD) : _____

Reviewed by:

Construction Official: _____
(Signature)
(Print name)
(Date)

PVSC Inspector: _____
(Signature)
(Print name)
(Date)

PVSC Supervisor: _____
(Signature)
(Print name)
(Date)