



Commercial Application for Certificate of Zoning Compliance

Building Type: Business: \_\_\_\_\_ Multi-Dwelling: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Fees: Initial Fee: \$ 230.00, Multi-Dwellings Greater than 2 Units: Additional \$100.00 Per Unit  
(Exact cash or check made to "Borough of Rutherford")

**Property in which Application is made:**

Street Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_

Tax Office Address: \_\_\_\_\_

Previous/Existing Tenant Use \_\_\_\_\_ Proposed Use: \_\_\_\_\_

**Present Owner Information:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**New Information:**  Tenant  Buyer

Name: \_\_\_\_\_ Use Group: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Name Business will be operation under: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Tenant Area: \_\_\_\_\_ (Sq. Ft.) Total Area of Building: \_\_\_\_\_ (Sq. Ft.)

Detailed description of purposed use: \_\_\_\_\_

Is retail planned?: \_\_\_\_\_ No. of off street parking spaces: \_\_\_\_\_

What outdoor storage activities planned: \_\_\_\_\_

Description and cost of proposed construction (including signs): \_\_\_\_\_

ANY FOOD OR PRE PACKAGED CONSUMABLE ITEMS SOLD: PLEASE CIRCLE: YES NO

**If yes, a copy of plans must be submitted to the Health Dept.**

Number of off street parking spaces provided (to tenant applying): \_\_\_\_\_

Number/Type of trucks: \_\_\_\_\_ Number of off street truck spaces provided: \_\_\_\_\_

Number/Type of truck delivery anticipated: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Present Owner Signature\*:** \_\_\_\_\_ Date: \_\_\_\_\_

\*\* The owner's authorization of this application is also consent to allow this office to inspect the subject property.

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Office Use Only:

**Zoning Official:**

**\*CURRENT USE GROUP \_\_\_\_\_ NEW USE GROUP \_\_\_\_\_**

Approved for Use As: \_\_\_\_\_ Plans Required: YES NO

Use permitted by Ordinance

Use permitted by variance approved on subject to any special conditions attached to the grant thereof.

Valid nonconforming use as established by:  finding of the Zoning Board of Adjustment **or:**  by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on this form.

There is a nonconforming structure on the premises by reason of insufficient  set-back,  side yards,  rear yard,  other (specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Letter of Intent

DESCRIPTION OF BUSINESS:

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NUMBER OF EMPLOYEES: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Bureau of Fire Safety

Borough of Rutherford  
176 Park Avenue, Rutherford, NJ 07070  
201-460-3011  
[firesafety@rutherford-nj.com](mailto:firesafety@rutherford-nj.com)

## Owner/Agent Contact Information

Please provide the following information for your building/business if you are the building owner, business owner or managing agent for a company or property. This information will be used to correspond with you and the emergency contact information will be provided to the Rutherford Police Department. The emergency contacts should be someone who can be contacted after normal business hours and who will be able to respond or contact someone who can respond in the event of an emergency at your premises.

<b>Business Name:</b>
<b>Property Address:</b>
<b>Owner/Agent Name:</b>
<b>Owner/Agent Address:</b>
<b>Owner/Agent Phone #:</b>
<b>Owner/Agent Email Address:</b>
<b>Emergency contacts</b> – persons who may be contact after hours in the event of an emergency. Please provide three contacts with numbers they can be reached at after business hours.
<b>Contact #1:</b>
<b>Contact #2:</b>
<b>Contact #3:</b>

Please return this completed form to the Bureau of Fire Safety at the address above or email a copy of this completed form to the above email address.