



Borough of
RUTHERFORD

Office of Building and Zoning

176 Park Avenue | Rutherford, NJ 07070 | 201-460-3000 Ext 3178

Thomas Delia
Zoning Officer/
Code Enforcement

COMMERCIAL APPLICATION FOR
CERTIFICATE of ZONING COMPLIANCE

Building Type: ☐ Business ☐ Multi-Dwelling - No. of Units: _____ ☐ Other _____

Fees: (Exact cash or check made to "Borough of Rutherford")

\$200 Empty Lot Fee, (For Transfer of Title)

\$230 Initial Fee for General Business Application/Commercial Rental & Building purchase *

\$100 Additional Fee Per Unit for Multi-Dwellings Greater than 2 Units

***If doing construction:** Initial fee is broken up into two payments

\$30 zoning fee paid up front with application to zoning department

\$200 will be applied *later* during permit process
through the Building Department

Are you planning on doing any **construction** before you open the business or move into the premises? ☐ YES ☐ NO

Are you going to install a **sign** for your business? ☐ YES ☐ NO

If YES, you will need approval from the Streetscape Committee and to apply for a sign permit. Please see the Zoning Department for more information.

Will any **food** items (prepackaged or not) be sold? ☐ YES ☐ NO

If YES, this application will be submitted to the Health Department for their review and approval.

Property for which application is made:

Street Address: _____ Unit or Floor No: _____

Tax Office Address: _____ Block: _____ Lot: _____ Qual: _____

Tenant Area: _____ (Sq. Ft.) Total Area of Building: _____ (Sq. Ft.)

Present information for the business that is occupying the space:

Current Business Name: _____

New Information: ☐ Tenant ☐ Buyer

First Name: _____ Last Name: _____

Legal Name of Business: (please write clearly) _____

Present Mailing Address: _____

Business Phone: _____ Cell: _____

Email Address: _____



Borough of
RUTHERFORD
Office of Building and Zoning

176 Park Avenue | Rutherford, NJ 07070 | 201-460-3000 Ext 3178

Thomas Delia
Zoning Officer/
Code Enforcement

Is retail planned? ☐YES ☐NO

Planning outdoor storage? ☐YES ☐NO If so, where? _____

Description and cost of proposed construction (including signs): _____

Previous Use of Space: _____

Approximate Sq Ft of space: _____

Signature of Applicant

Date

Signature of Current Building Owner (REQUIRED)

Date

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

Office Use Only:

Zoning Official:

ZONING DISTRICT _____

SPECIFIC, PRESENT USES _____

PROPOSED USES _____

☐ 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.

☐ Application Denied

Signature of Zoning Official

Date

Health Official Approval:

Signature of Health Official

Date



Borough of
RUTHERFORD

Office of Building and Zoning

176 Park Avenue | Rutherford, NJ 07070 | 201-460-3000 Ext 3178

Thomas Delia
Zoning Officer/
Code Enforcement

LETTER OF INTENT

DESCRIPTION OF BUSINESS:

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@rutherfordboronj.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.

Business Name:
Property Address:
Owner/Agent Name:
Owner/Agent Address:
Owner/Agent Phone #:
Owner/Agent Email Address:
Emergency contacts – 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.
Contact #1:
Contact #2:
Contact #3:

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.