



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 Business & 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 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 which you will be taking over:**

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: \_\_\_\_\_



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Is retail planned? YES NO

Planning outdoor storage? YES NO If so, where? \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Zoning Official

\_\_\_\_\_  
Date

**Health Official Approval:**

\_\_\_\_\_  
Signature of Health Official

\_\_\_\_\_  
Date



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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@rutherfordboronj.com](mailto: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.

<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.