



JAMES GASPARINI
Mayor

TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004-2425

Engineering Dept. (973) 882-2725
Building Dept. (973) 882-2730
Zoning (973) 882-2729
Fax: (973) 244-9255

CERTIFICATE OF RE-OCCUPANCY (#2) COMMERCIAL SALE OF BUILDING OR CONDOMINIUM

FEE OF \$200.00 **MUST** ACCOMPANY THIS APPLICATION

NOTE: THE GRANTING OF A RE-OCCUPANCY PERMIT DOES NOT NEGATE THE NEED TO OBTAIN OTHER REQUIRED APPROVALS

1. LOCATION OF BUSINESS (ADDRESS): _____
BLOCK: _____ LOT: _____ QUALIFIER #: _____ UNIT NO.: _____
2. CURRENT OWNER OF BUILDING'S NAME _____
PHONE #: (____) _____
ADDRESS _____
CITY/STATE/ZIP CODE: _____
3. PROPOSED NEW OWNER OF BUILDINGS NAME _____
PHONE #: (____) _____
ADDRESS _____
CITY/STATE/ZIP CODE: _____
4. ARE THERE CURRENTLY TENANTS IN THIS BUILDING? YES OR NO
5. IS THE NEW OWNER GOING TO BE OCCUPYING THE BUILDING YES OR NO
6. IF YES, PLEASE GIVE NAME OF NEW BUSINESS _____
ZONING DIST _____
7. TOTAL SQ. FT. OF ENTIRE BUILDING: _____
SQ. FT. BREAKDOWN OF ENTIRE BUILDING: OFFICE: _____
WAREHOUSE: _____ MANUFACTURING: _____ RETAIL: _____ OTHER: _____
8. TOTAL NUMBER OF PARKING SPACES FOR ENTIRE BUILDING: _____
9. WILL THERE BE OVERNIGHT PARKING OF TRUCKS? If yes, how many? _____
TRAILERS? ___ IF YES, HOW MANY? ___ CONSTRUCTION VEHICLES? ___ IF YES, HOW MANY? _____
10. WILL THERE BE OUTDOOR STORAGE OF MATERIALS? _____
11. To the applicants knowledge, have the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board? _____ (If yes, please explain) Continue on Next Page



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SIGNATURE OF CURRENT OWNER: _____ DATE: _____

TYPE OR PRINT NAME: _____

SIGNATURE OF PROPOSED OWNER: _____ DATE: _____

TYPE OR PRINT NAME _____

NAME AND PHONE NUMBER TO CONTACT WHEN CERTIFICATE IS READY:

NAME: _____ PHONE #: () _____

INSPECTIONS ARE DONE ON TUESDAYS AND THURSDAYS BETWEEN 9:00AM & 12:00PM

WHEN DO PLAN ON OCCUPYING THIS BUILDING? _____

THE COMPLETE APPLICATION MUST BE NOTARIZED

Notary's signature: _____ Date: _____

My Commission Expires: _____ Seal: o

PLEASE NOTE:

IF SOMETHING WILL DISCHARGED INTO THE SEWER SYSTEM WASN'T PREVIOUSLY APPROVED T
TO GO INTO IT, TBSA FORM C&D MUST HAVE APROVAL FROM THE TWO BRIDGES SEWER
AUTHORITY, IN WRITING, OTHERWISE OMIT FORMS C&D

Their Address is: TBSA

P.O. Box 188

Lincoln Park, NJ 07035

(201) 696-4494

TBSA is located at the end of Lincoln Blvd. off Two Bridges Road, Lincoln Park

Ord. 2009-28 effective 9/1/09