

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 01/01/2021 the cost per gallon for every Connections Unit file will increase by 11¢ over the 2020 rate.**

- All referral applications must be completed entirely with an email address and phone number where the inspector can contact the applicant for any questions regarding the project.
- All referral applications must be submitted with the 5 years water consumption which can be obtained by calling **PVWC** at 973-340-4300 option #2.

THANK YOU IN ADVANCE FOR YOUR CONTINUED CO-OPERATION

Dariel Valentin 973 466 2926

dvalentin@pvsc.com

Si Hablamos en Español

****If an emergency should arise please call my office 973 817 5706.***

**** Si se presenta una emergencia por favor llame a mi oficina 973 466 2926***



Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

APPLICANT, OWNER, PROJECT INFORMATION

1.) APPLICANT: (THIS IS WHERE YOUR ENDORSEMENT LETTER WILL BE MAILED.)

NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX # or E-MAIL: _____

2.) PROPERTY OWNER OR AUTHORIZED AGENT: SAME AS ABOVE

NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX # or E-MAIL: _____

3.) PROJECT/TENANT SPACE: FILE CAN NOT BE ENTERED WITHOUT THIS FILLED OUT

ADDRESS: _____

CITY: _____ STATE: NEW JERSEY ZIP: _____

BLOCK: _____ LOT: _____

DESCRIPTION: The project consists of _____

_____ PVSC Inspector Signature	_____ Print Name	_____ Date
_____ PVSC Supervisor Signature	_____ Print Name	_____ Date

Submitted by: _____ (signature) _____ (print name) _____ (date)