

Borough of Caldwell

Construction Office

One Provost Square • Caldwell, NJ 07006 • 973-403-4626 • Fax 973-226-6734

BUSINESS USE PERMIT APPLICATION

RECEIVED BY: _____ DATE: _____

ANSWER ALL QUESTIONS ON THIS APPLICATION FORM & RETURN TO ZONING OFFICE.

1. Name, Current Address of Applicant (Tenant): _____

Phone # _____

2. Business Address, Block & Lot Number and Zoning district of building intended to be occupied:

_____ BLOCK _____ LOT _____ ZONE _____

3. Mailing Address (if different from Business Address): _____

4. Size of Space within building to be occupied: _____ Sq. Ft.

5. Date Applicant intends to occupy premises: _____

6. Nature of present use of premises or if vacant, use immediately prior to intended use by applicant:

7. Intended use of Premises (Type of Business) be specific: _____

8. Name of Business: _____

9. Nature of proposed alterations intended, if any, be specific: _____

10. Total number of parking spaces provided _____

11. Will any Signs be required by Applicant: Yes No

OVER

12. If YES, when will sign application be submitted: _____

Applicant (Please Print)

Signature of Applicant

CCO REQUEST FEE: \$150.00 – PLEASE RETURN FEE WITH YOUR REQUEST/APPLICATION.

<p><input type="checkbox"/> Use Permitted/Application Granted</p> <p><input type="checkbox"/> Use Permitted/Application Granted with following condition(s): _____ _____ _____</p> <p><input type="checkbox"/> Certificate of Occupancy Required</p> <p><input type="checkbox"/> Zoning Approval required</p> <p><input type="checkbox"/> Planning Approval required</p> <p><input type="checkbox"/> Use NOT Permitted/Application Denied for the following reason(s) _____ _____ _____</p> <p>_____ Zoning Officer</p>	<p>Date: _____</p>
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