



**BOROUGH OF CALDWELL
NEW JERSEY**

Twenty-Four Smull Avenue • Caldwell NJ, 07006 • 973-226-6100 • Fax 973-403-1355

BUSINESS USE PERMIT APPLICATION

RECEIVED BY: _____ DATE: _____

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

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

Phone# _____
2. Business Address, Block & Lot Number 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 if 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: ☐
12. If yes, when will sign application be submitted: _____

Applicant (Please Print)

Signature of Applicant

OVER

CCO REQUEST FEE: \$150.00- PLEASE RETURN FEE WITH YOUR APPLICATION

☐ Use Permitted/ Application Granted

☐ Use Permitted/ Application Granted with following condition(s): _____

☐ Certificate of Occupancy Required

☐ Zoning Approval Required

☐ Planning Approval Required

☐ Sign Permit Required

☐ Use NOT Permitted/ Application Denied for the following reason(s): _____

Zoning Officer

Date