



BOROUGH OF SOUTH PLAINFIELD

Building Department
2480 Plainfield Avenue
South Plainfield, New Jersey 07080
Tel: 908-226-7640 Fax: 908-754-1179

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY FOR COMMERCIAL PROPERTIES

Approved Zoning Permit must accompany this application.

PROPERTY OWNER _____ USE GROUP _____

PROPERTY OWNERS ADDRESS _____

PREVIOUS TENANTS NAME _____

NEW TENANT BUSINESS NAME _____

and/or NEW PROPERTY OWNER _____

PROPERTY ADDRESS _____

BLOCK _____ LOT _____ ZONE _____

MANAGER OR PRESIDENT _____

TYPE OF BUSINESS _____

DETAILED DESCRIPTON OF OPERATION _____

NAME OF APPLICANT _____ PHONE _____

SIGNATURE OF APPLICANT _____

Construction Official

Date

Fire Sub-Code Office

Date

Board of Health Official

Date

Payment: Check or Money Order
Tenant Change \$100 - Ownership Change \$250

Payable to: Borough of South Plainfield



Dear Business:

If you have an alarm system in your business/home that a central station or other alarm company monitors, it is necessary for you to fill out the enclosed form. This information is important to the police and fire departments so they can contact someone from your business/home in the event they get dispatched to your location for an emergency when no one is on the premises.

The contact person's (keyholder) information that you provide should be someone who will be able to gain entry to your business/home and someone who does not have a long distance to travel so entry can be gained without long delays.

This information is strictly confidential, so please take a few minutes to fill out the form and return it to the South Plainfield Police Department, 2480 Plainfield Avenue, South Plainfield, NJ 07080, attention SCO Traci Bruton. If you have any questions, feel free to contact me at (908)226-7686.

Sincerely,

SCO T. Bruton
Communications Supervisor

Date: _____

Fax: (908)755-0320

Name of Company: _____

Property Address: _____

City, State, Zip Code: South Plainfield, NJ 07080

Business/Home Phone Number: _____

Billing Address (if different from above): _____

EMERGENCY 24 HOUR CONTACTS

(not property number)

Please type or print

1st Name: _____

Phone Number: 1) _____ 2) _____

2nd Name: _____

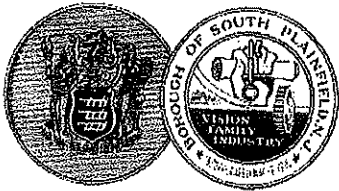
Phone Number: 1) _____ 2) _____

3rd Name: _____

Phone Number: 1) _____ 2) _____

4th Name: _____

Phone Number: 1) _____ 2) _____



BOROUGH OF SOUTH PLAINFIELD
 Office of the Fire Marshall
 123 Maple Avenue
 South Plainfield, NJ 07080
 908-756-4761

HAZARDOUS MATERIALS INFORMATION

The following information is submitted for determination of occupancy group classification. Any deviations may require reclassification of this building.

COMPANY NAME: _____

ADDRESS: _____

List all flammable and combustible liquids, flammable gases, explosives, hazardous materials. Show the maximum amounts to be used and / or storage.

Materials	Amount in Use	amount in storage	flash point

If more space required, indicate additional materials on separate page and attach.

Indicate process involved (spraying, dipping, etc.) _____

Indicate method of storage _____

I hereby certify that the use, storage or process of hazardous materials will be limited as indicated above.

 Building Owner or Occupant

 Date