

Site Address		Block	Lot	Zone
Type of Application	<input type="checkbox"/> Change in Tenant	<input type="checkbox"/> Change in Ownership		
Property Owners Information:				
Name				
Address				
Phone #				
Fax #				
Previous Business Name				
Previous Business Use				
Property Owners Permission				
By signing this application I am giving you permission to visit my property to view and verify all existing conditions if it is needed.				
Signature of Property Owner: _____ Date: _____				

Include 3 copies of the following items

<input type="checkbox"/> Photo	<input type="checkbox"/> Interior Bldg plan, neat to scale	<input type="checkbox"/> Sealed/Engineered Site Plan w/ parking layout (under 5 yrs)
<input type="checkbox"/> Check made payable to "Twp of River Vale" in the amount of \$ 30.00		
Date	Check #	Batch #
<i>I certify that the statements made herein are true:</i> _____		
Landlord / Tenant (Circle one)		

Any incorrect or falsified information will render this application void and any approvals based on it.

Proposed New Tenant / Owner and Use Information	
Registered / Legal / Corp. Name	
Business (d b a) Name	
Sq Footage being Leased / Sold	
Business Owners Name	
Business Owners Home Address	
Business Owners Tele. # & Fax	
Hours of Operation to be	
Days of Operation will be	
Number of Employees will be	
# of Designated Parking Spaces	
Business Use -- -----→	Attach a detailed, typed description of your proposed use
Building Improvements -----→	Description of proposed renovation, other than general painting etc
Signage to be installed -----→	Separate application must be filed
Outside Storage -----→	Not Allowed in any Zone
* * * * For Zoning Official's Use Only * * * * *	
Any missing information will render this application denied and another fee may be assessed	

Business Zoning Review

Before a Zoning Certificate is issued, all required pre-approvals by other Borough agencies i.e. fire, health, police, etc., must be obtained.

Three (3) copies of the following must be submitted to the Zoning Official	
1.	Completed Application
2.	Photos front, sides, & rear
3.	Building Plans/Layout showing all tenant spaces & uses etc..

All signage requires a separate zoning permit application to be filed and may require a construction permit. Please follow the sign regulations as per the River Vale Zoning Ordinances for the zone which you are in.

The **Office Copy** of this application **MUST BE SIGNED** by the Health Department, before the Building Department can accept your application.

Date

Health Department Inspections ARE REQUIRED before Opening

Food Related Services
Pet Shops
Nursery Schools
Nursing Home Facilities

PLEASE COMPLETE APPLICATION ON REVERSE SIDE