



River Vale Building Department
 406 Rivervale Road, River Vale NJ 07675
 Construction Official and Zoning Official, Bob Rusch
 (201) 664-2346 ext. 1025

Fee: \$40 ZONING REVIEW

Check # _____

Received By: _____

Date: _____

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.

4. **Sealed Engineered Site Plans** with parking layout (under 5 yrs.)

5. Once approved, **Sealed Architectural Plans** with occupancy loads will be required

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.

 Health Department Signature

 Date

Health Department Inspections ARE REQUIRED before Opening:

- Food Related Services
- Nursery Schools
- Pet Shops
- Nursing Home Facilities

A Resale and/or Rental Certificate must be issued prior to the start of any work, improvements, or construction.



Site Address:	Block _____	Lot _____	Zone _____
Type of Application	<input type="radio"/> Change in Ownership	<input type="radio"/> Change in Tenancy	
Property Owner Information			
Name:			
Address:			
Phone:			
Email:			
Previous Business Name:			
Previous Business Use:			

Property Owner's Permission: By signing this application I am giving the Building Department permission to visit the above referenced property to view and verify all existing conditions.

Signature of Property Owner: _____ Date: _____

Please attach a detailed description of your proposed use.

Proposed New Tenant/Owner and Use Information	
Registered/Legal/Corp. Name:	
Business (DBA) Name:	
Square Footage being Leased/Sold:	
Business Owner's Name:	
Business Owner's Address:	
Business Owner's Telephone #:	
Business Owner's E-mail:	
Hours of Operation:	
Days of Operation:	
Number of Employees:	
Number of Designated Parking Spaces:	

**Outside storage is not allowed in any zone.*

Signature of Applicant: _____ Date: _____