



# BOROUGH OF PARK RIDGE

53 Park Avenue  
Park Ridge, NJ 07656

ZONING OFFICER  
(201) - 391-5673  
FAX: (201) 391-7130  
Website: [www.parkridgeboro.com](http://www.parkridgeboro.com)

## Application for Certificate of Continued Occupancy Zoning Change of Commercial Tenancy

**CCO FEE: \$125**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_ DATE: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

E-Mail Address of Property Owner: \_\_\_\_\_

Telephone Number: Business \_\_\_\_\_ Cell \_\_\_\_\_

Name of New Tenant: \_\_\_\_\_

Address of New Tenant: \_\_\_\_\_

E-Mail Address of New Tenant: \_\_\_\_\_

Telephone number of New Tenant: Business \_\_\_\_\_ Cell \_\_\_\_\_

Date of Lease / Occupancy: \_\_\_\_\_

**PROPOSED TENANT / USE: The below zoning questions MUST be filled out in full.**

Proposed Use: \_\_\_\_\_

Previous Use: \_\_\_\_\_

Name of Tenant/Company Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Proposed Use with Detailed Description: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Square Footage Of Area: Office \_\_\_\_\_ Retail \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Number of Off-Street Parking Spaces Provided: \_\_\_\_\_

Take-Out Food Service \_\_\_\_\_ Restaurant \_\_\_\_\_ # of seats \_\_\_\_\_

Outdoor Storage Activities Planned: \_\_\_\_\_

Number of Trucks/Trailers Owned: \_\_\_\_\_

Description of Trucks/Trailers: \_\_\_\_\_

Parking Location of Trucks/Trailers: \_\_\_\_\_

Description of Manufacturing Equipment/Process: \_\_\_\_\_

Chemical/Hazardous Materials Anticipated: \_\_\_\_\_

Air/Water Discharge Anticipated: \_\_\_\_\_

**Application is hereby made for a Certificate of Continued Occupancy for the subject property indicated above:**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Fee: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_ CCO#: \_\_\_\_\_

Health Department Review Required: YES NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer

Fire Prevention Officer

**\*\*\*PLEASE NOTE: A KNOX BOX KEY MUST BE PROVIDED TO THE FIRE PREVENTION**



# BOROUGH OF PARK RIDGE

55 PARK AVENUE  
PARK RIDGE, N.J. 07656

FIRE PREVENTION BUREAU  
OFFICE OF THE FIRE OFFICIAL  
TEL. (201) 391-5547

TO: \_\_\_\_\_

Park Ridge, New Jersey 07656

## 2024 BUSINESS REGISTRATION AND PERMIT APPLICATION

This letter is to inform you that the Fire Prevention Registration of your occupancy is due. Please fill out the enclosed form and return it with your remittance. Your fee is based on total square footage of all floors of each building/suite which comprises your occupancy. EACH individual/Building/Suite is to be registered separately, i.e., three buildings are three (3) separate registrations). The fee schedule is as follows:

### 2024 REGISTRATION FEE SCHEDULE

CLASS	SQUARE FOOTAGE	REGISTRATION FEE	LATE REGISTRATION PENALTY
A	Less than 1,000	\$65.00	\$50.00
B	1,000 – 2,000	\$90.00	\$75.00
C	2,001 – 5,000	\$140.00	\$100.00
D	5,001 – 10,000	\$275.00	\$200.00
E	10,001 – 20,000	\$450.00	\$500.00
F	20,001 – 50,000	\$650.00	\$1,000.00
G	50,001 – 100,000	\$850.00	\$1,000.00
H	100,001 – 200,000	\$1,400.00	\$1,500.00
I	Greater than 200,000	\$1,500.00	\$2,000.00

\* A LATE REGISTRATION FIRE PENALTY will be assessed when forms are not returned or returned incomplete, or payment not enclosed or incorrect by January 31, 2024. The Late Registration Penalty is in addition to the registration fee.

\*PLEASE INCLUDE A SEPARATE CHECK FOR THE LATE FEE.

### STATE PERMIT FEE SCHEDULE

The Uniform Fire Code also requires that special permits be obtained prior to conducting any business activity involving the Handling, storage or use of hazardous substances, materials or devices; or which maintains, stores or handles hazardous materials. Permits are obtained from the Fire Official for any uses. The fee schedule is as follows:

TYPE 1	\$ 54.00	TYPE 2	\$ 214.00	TYPE 3	\$ 427.00	TYPE 4	\$ 641.00
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If you need further information regarding fees or permits, please call the Office of the Fire Official at (201) 391-5547.

Please complete the attached form and return it with your remittance to the Bureau at the above address.  
**IF THE ENTRANCE KEY IS CHANGED, WE WILL NEED A NEW KEY FOR THE SECURED KNOX BOX.**

Thank you for your cooperation.

John Hansen-Fire Official

Attachments

**PARK RIDGE FIRE PREVENTION BUREAU  
ANNUAL BUSINESS REGISTRATION AND PERMIT APPLICATION**

**NOTE:** Any forms not properly completed will be returned to the affiant and may incur the Late Payment Penalty if not resubmitted by the due date.

BUSINESS INFORMATION	FILL IN MISSING INFORMATION
Name:	
Address:	
Park Ridge, New Jersey 07656	
Tel. No:	( )
Fax No.:	( )
BUSINESS OWNER INFORMATION	
Owner Name:	
Home Address:	
Day Phone No.:	( )
Night Phone No.:	( )
Cell Phone No.:	( )
Email Address:	( )
LANDLORD INFORMATION	
Name:	
Address:	
Phone No.:	( )
Emergency No.:	( )
FIRE ALARM MONITORING COMPANY INFORMATION	
Name:	
Address:	
Phone No.:	
Emergency/24 Hour Phone No.	
Space/suite/building size:	

SQUARE FEET

**REGISTRATION FEES SUBMITTED**

Make checks payable to: Park Ridge Fire Prevention Bureau  
Mail forms to: Park Ridge Fire Prevention Bureau, 55 Park Avenue, Park Ridge, NJ 07656

TYPE OF PERMIT -

STATE PERMIT

TYPE 1	TYPE 2	TYPE 3	TYPE 4
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If a special permit is required, please fill out the enclosed permit form and add the additional fee onto your registration fee. Permits will be issued prior to the use requiring permit.

**CERTIFICATION**

I certify that the above statements made by me are true. I am aware that if any of these statements made by me are willfully false, I am subject to punishment by law.

SIGNATURE OF AFFIANT	PRINTED NAME OF AFFIANT	DATE	TELEPHONE NO.
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