



Borough of Palisades Park

275 Broad Avenue
Bergen County, N.J. 07650

Building Department
Tel: (201) 585-4108
Fax: (201) 585-4110

APPLICATION ONLY

CERTIFICATE OF CONTINUED OCCUPANCY

DATE: _____

PERMISSION IS HEREBY GRANTED TO:

Your Name (Print): _____

Business Name: _____

Home Address: _____

Home Phone # _____ Cell Phone# _____ Business Phone# _____

TO OCCUPY EXISTING BUILDING AT:

Street: _____

Block: _____ Lot: _____ Zone: _____

For the following purpose: _____

Owner of Property: _____ Phone #: _____

Building Department Fee: \$350.00 Check #: _____ Cash: _____

Fire Prevention Bureau Fee: \$ _____ Check #: _____ Cash: _____

Buildings not exceeding 5,000 SF	\$ 75.00
Buildings in excess of 5,000 SF not exceeding 10,000 SF	\$100.00
Buildings in excess of 10,000 SF not exceeding 25,000 SF	\$150.00
Buildings in excess of 25,000 SF not exceeding 50,000 SF	\$250.00
Buildings in excess of 50,000 SF not exceeding 100,000 SF	\$350.00
Buildings in excess of 100,000 SF	\$500.00

Signature _____

For Office Use Only

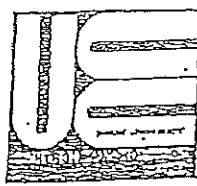
Approved By: _____

Zoning Official: _____ Date: _____

Board Of Health (if required): _____ Date: _____

Fire Subcode (if required): _____ Date: _____

Construction Official: _____ Date: _____



APPLICATION FOR CERTIFICATE

Date Received _____
Date Permit Issued _____
Control # _____
Permit # _____
Date Issued _____

IDENTIFICATION

Block _____ Lot _____
Work Site Location _____ Contractor _____
Address _____
Owner In Fee _____
Address _____ Tele. (____) _____
U.C. No. _____
Federal Emp. No. _____
or Social Security No. _____

ACTION

- CERTIFICATE OF OCCUPANCY CERTIFICATE OF APPROVAL
 CERTIFICATE OF CONTINUED OCCUPANCY TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

Owner

OWNER/AGENT



POLICE DEPARTMENT

PALISADES PARK, NEW JERSEY 07650

BENJAMIN A. RAMOS
CHIEF

HEADQUARTERS
(201) 944-0900
DEPT. FAX: (201) 944-0766
OFFICE FAX: (201) 944-8457
PDCHEIF@PALISADESPARKNJ.US

Initial Alarm Registration

All alarms must be registered with the Borough for the proper personnel to be contacted during an emergency. The attached registration form is to be completed and returned to this department if one is not already on file.

Accordingly, pursuant to Borough Ordinance #1567, Section 1;80-12, Installation of alarm device or local alarm; fee; inspections; existing devices; an alarm registration fee of \$25.00 shall accompany each initial application.

Pursuant to Borough Ordinance #1567, Section 2; 80-24, Application Fee; an annual administrative charge of \$10.00 shall be charged to each owner of an alarm system prorated for the first year during which the application shall take effect.

Below is the pay schedule that applies to an initial alarm application only.

Month	Admin Fee	Registration Fee	Total
January	\$10.00	\$25.00	\$35.00
February	\$9.16	\$25.00	\$34.16
March	\$8.32	\$25.00	\$33.32
April	\$7.48	\$25.00	\$32.48
May	\$6.64	\$25.00	\$31.64
June	\$5.80	\$25.00	\$30.80
July	\$4.96	\$25.00	\$29.96
August	\$4.12	\$25.00	\$29.12
September	\$3.28	\$25.00	\$28.28
October	\$2.44	\$25.00	\$27.44
November	\$1.60	\$25.00	\$26.60
December	\$0.76	\$25.00	\$25.76

Alarm Registration Form

Business Information

Business Name:			
Business Address:			
Email Address:			
Business Phone #:			
Owner:			
Owner Address:			
Owner Phone#		Cell Phone #	

Emergency Contacts:

Name:		Date of Birth:		Sex:	
Address:					
Home Phone#		Cell Phone#			

Name:		Date of Birth:		Sex:	
Address:					
Home Phone#		Cell Phone #			

Billing Information

Contact Name:	
Company:	
Address:	
Phone#	

Alarm Company Information

Name:	
Address:	
Phone#	

Be advised that after three (3) false alarms during the same calendar year there will be an assessed fine of \$50.00 per alarm. After the sixth (6) false alarm in one calendar year, each subsequent alarm will be subject to a fine of \$100.00.

Please complete the Registration form on the following page and return it with a check or money order addressed to:

Borough of Palisades Park
Attention: Police Records Department
275 Broad Avenue
Palisades Park, NJ 07650

Palisades Park Police Department
Records Bureau
201-585-4126