



**Borough of Hawthorne**  
**Zoning and Land Use Office**

445 Lafayette Ave. Hawthorne NJ 07506-2551

Gene DeAugustines  
Zoning Administrator

Richard S. Goldberg  
Mayor

Phone 973.427.4889

Fax 973.304.2059

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## Instructions for Tenant Review / Certificate of Compliance Application

1. **Complete the Consent of Property Owner, Application, and Confidential Emergency Information sheet.**
2. Type up a **Business Profile** which includes the following information:
  - a. Briefly describe who you are and what type of business you propose to operate
  - b. Include any past experience in this or other towns. (brief)
  - c. Include days and hours of operation, and number of employees.
  - d. Required parking
3. **Floor plan** detailing the layout of your business.
4. **Survey showing site parking** as well as the parking assigned to your occupancy.
5. Upon completion of the preceding 4 items, return your application to this office for review.
6. Upon completion of our review we will contact you regarding the application. **IF** any changes are needed, we will advise you of same and you may pick up the application for correction.
7. At this point you will need to make Fifteen (15) copies of the complete application. (collated)  
  
**DO NOT MAKE ADDITIONAL COPIES OF THE EMERGENCY INFORMATION SHEET**
8. Return the fifteen (15) copies to this office with cash or a check made out to the Borough of Hawthorne in the amount of \$120.00.
9. At that time you will be given a date for appearance before the Planning Board.
10. Please be sure to also have a copy of the application for your own reference on the night of the Planning Board Meeting.

NOTE: Planning Board Meetings begin at 7:30 pm in the Council Chamber.

Planning Board

Borough of Hawthorne

Consent of Property Owner

The undersigned hereby certifies that he / she is the owner or authorized representative of the owner of  
the property designated as \_\_\_\_\_

(property address)

And consents to the filing of an application for Certificate of Compliance by :

\_\_\_\_\_

For the use of the property as :

\_\_\_\_\_

\_\_\_\_\_  
Property Owner / Representative Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION FOR CERTIFICATE OF COMPLIANCE**

Fee \$ \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Zone \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Occupancy \_\_\_\_\_

Occupant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

No. of parking spaces (10x20) available \_\_\_\_\_ Required \_\_\_\_\_

No. of employees \_\_\_\_\_ Typical hours of operation \_\_\_\_\_

List of materials used or stored \_\_\_\_\_

Water and sewer usage \_\_\_\_\_ Noise from operation \_\_\_\_\_

Is building sprinklered \_\_\_\_\_ Odor from operation \_\_\_\_\_

Does this occupancy lie in a flood zone? \_\_\_\_\_ Zone \_\_\_\_\_

Previous occupant's Name \_\_\_\_\_

Date of site plan approval \_\_\_\_\_ Date of variance approval \_\_\_\_\_

Remarks or other information \_\_\_\_\_

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APPLICATION MUST BE DEEMED COMPLETE **PRIOR** TO THE FOLLOWING

THIS APPLICATION REQUIRES **15** COPIES OF EACH OF THE FOLLOWING:

- ( ) THIS APPLICATION
- ( ) FLOOR PLAN
- ( ) BUSINESS PROFILE
- ( ) SURVEY SHOWING PARKING

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CERTIFICATE OF COMPLIANCE APPROVED:

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
FIRE PREVENTION OFFICIAL

DATE \_\_\_\_\_

CO NUMBER \_\_\_\_\_



**BOROUGH OF HAWTHORNE**  
**BUREAU OF FIRE PREVENTION**  
 445 Lafayette Avenue, Hawthorne, N J 07506  
 973 427 7544

**CONFIDENTIAL EMERGENCY CONTACT INFORMATION**

For use by the Hawthorne Police & Fire Department

**1. Business Name** \_\_\_\_\_

Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Fax: \_\_\_\_\_

**2. Business Operator** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State Zip \_\_\_\_\_

**3. Building Owner** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**4. Mailing Contact if different than #1-3 above.** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Is this occupancy equipped with an Alarm System? ( ) Burglar ( ) Fire ( ) Direct Dial ( ) Central Station

*NOTE: All alarm systems must be registered with the HAWTHORNE POLICE DEPT. annually.*

**Please list any additional persons that can be contacted in case of emergency.**

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**NOTE:** Any changes to the above information should be reported to this office immediately.