



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

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 _____

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.