

Borough of Cliffside Park

BUILDING DEPARTMENT



Municipal Complex
525 Palisade Avenue
Cliffside Park, New Jersey 07010
Tel: 201-313-2042
Fax: 201-945-3903



BUSINESS CERTIFICATE OF OCCUPANCY

BUSINESS ADDRESS: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

Block: _____ Lot: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____ BUSINESS NUMBER: _____

ZONING CATEGORY: _____

Number of tables, if applicable: _____

NO NEON SIGNS/LIGHTS ALLOWED AT ANY TIME.

Owner of Building: _____

Address of Owner: _____

Owner's Telephone Number: _____

APPROVED BY:

Board of Health: _____ Date: _____

Fire Prevention Bureau: _____ Date: _____

Zoning Official: _____ Date: _____

Fee: _____ Paid by check # _____ Cash Receipt # _____

Date Paid: _____

CONSTRUCTION CODE OFFICIAL