

**BOROUGH OF GLEN ROCK**  
MUNICIPAL BUILDING ~ HARDING PLAZA ~ GLEN ROCK, NEW JERSEY 07452  
(201) 670-3965



**COMMERCIAL CERTIFICATE OF CONTINUED OCCUPANCY CHECKLIST**

PROPERTY ADDRESS: \_\_\_\_\_

- COMPLETED APPLICATION
- \$300 NON-REFUNDABLE FEE (CASH/CHECK PAYABLE TO THE BOROUGH OF GLEN ROCK)
- COMPLETE BUSINESS REGISTRATION FORM FOR EMERGENCY CONTACT NUMBERS
- COMPLETE ALL FORMS FOR PASSAIC VALLEY SEWER COMMISSION
- PROVIDE A COPY OF CURRENT VALID FIRE PREVENTION CERTIFICATE
- PUBLIC SIDEWALK INSPECTION – DPW TO INSPECT SIDEWALKS AND PROVIDE NOTICE TO OWNER IF SIDEWALKS NEED REPAIRS OR REPLACEMENTS
  - a. (NOTE: THE INITIAL INSPECTION WILL BE COMPLETED AUTOMATICALLY WHEN APPLICATION IS SUBMITTED)
- BOARD OF HEALTH IF APPLICABLE
- LICENSE TO OPERATE: PROVIDE A COPY OF FEDERAL/STATE/LOCAL LICENSE IF APPLICABLE

# BOROUGH OF GLEN ROCK

MUNICIPAL BUILDING ~ HARDING PLAZA ~ GLEN ROCK, NEW JERSEY 07452  
(201) 670-3965



Permit Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_

## APPLICATION FOR COMMERCIAL CERTIFICATE - \$300 FEE

Please Select one:  New Tenant to Building  Change of Business Ownership  Change of Building Ownership

### Proposed Business Information:

Name of Business: \_\_\_\_\_

Type of Business Proposed: \_\_\_\_\_

Type of Business Activity (full description): \_\_\_\_\_

Business Property Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Use Group: \_\_\_\_\_ Zone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Building Total Sq Ft: \_\_\_\_\_ Sq Ft used by this Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Business Owner Best Phone Contact: \_\_\_\_\_

Business Owner Best Email Contact: \_\_\_\_\_

Mailing Address for Business (if different): \_\_\_\_\_

Building Owner: \_\_\_\_\_ Building Owner Email: \_\_\_\_\_

Building Owner Address: \_\_\_\_\_ Building Owner Phone: \_\_\_\_\_

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

Agent \_\_\_\_\_  Owner \_\_\_\_\_

### OFFICE USE ONLY:

BUILDING \_\_\_\_\_  ZONING \_\_\_\_\_  PASSAIC VALLEY SEWER \_\_\_\_\_

DPW SIDEWALKS \_\_\_\_\_  FIRE PREVENTION \_\_\_\_\_  BOARD OF HEALTH \_\_\_\_\_

INSPECTION RESULTS:

\_\_\_\_\_  
\_\_\_\_\_  
SAMPLE  
\_\_\_\_\_  
\_\_\_\_\_

*This form MUST be completed on the carbon form in the building dept office*

CONSTRUCTION OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**BOROUGH OF GLEN ROCK**  
MUNICIPAL BUILDING ~ HARDING PLAZA ~ GLEN ROCK, NEW JERSEY 07452  
(201) 670-3965



**BUSINESS REGISTRATION FORM**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS OWNER NAME:** \_\_\_\_\_

**BUSINESS OWNER HOME ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER CONTACT NUMBER:** \_\_\_\_\_

**BUSINESS OWNER EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT NUMBERS:**

**CONTACT #1 OWNER NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE NUMBER(S)** \_\_\_\_\_

**CONTACT #2 OWNER NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE NUMBER(S)** \_\_\_\_\_

**CONTACT #3 OWNER NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE NUMBER(S)** \_\_\_\_\_

**BUSINESS ALARMED?** \_\_\_\_\_

**TYPE OF ALARM** \_\_\_\_\_

**NAME OF COMPANY** \_\_\_\_\_



# INSPECTION & COMPLIANCE BUREAU CONNECTIONS UNIT

## LANDLORD AFFIDAVIT FORM

*"Protecting Public Health and the Environment"*

### Landlord Affidavit

Confirmation/Certification of Change in Use/Operation/Tenancy

PVSC Confirmation of:     Change in Use             Change in Operation             Change in Tenant  
 PVSC Approval Needed for:     Building Permits             Certificate of Occupancy             Certificate of Continued Occupancy  
 PVSC Sewer Connection:     Existing Connection             Proposed Connection             Not Connecting to PVSC

Application Address: \_\_\_\_\_ Bldg. #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Floor #: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot#: \_\_\_\_\_  
 Water Meter #: \_\_\_\_\_ Meter Serves:  Single Unit  Multiple Units  No Meter

Previous Tenant: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo./Yr.) To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo./Yr.)  
 Existing Use/Group: \_\_\_\_\_ Total #: Sq. Ft. Office/Retail \_\_\_\_\_ GPD Proc. Water \_\_\_\_\_  
 Total #: Whs./Mfg. Employees \_\_\_\_\_ Seats/Stools \_\_\_\_\_/\_\_\_\_ Students/Staff \_\_\_\_\_/\_\_\_\_ Fill Pos. \_\_\_\_\_ Bays \_\_\_\_\_  
 Total#: Res. 1 BR \_\_\_\_\_ Res. 2 BR \_\_\_\_\_ Res. 3 BR \_\_\_\_\_ Miscellaneous Units \_\_\_\_\_

Proposed Tenant: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo./Yr.) To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo./Yr.)  
 Approved Use/Group: \_\_\_\_\_ Total #: Sq. Ft. Office/Retail \_\_\_\_\_ GPD Proc. Water \_\_\_\_\_  
 Total #: Whs./Mfg. Employees \_\_\_\_\_ Seats/Stools \_\_\_\_\_/\_\_\_\_ Students/Staff \_\_\_\_\_/\_\_\_\_ Fill Pos. \_\_\_\_\_ Bays \_\_\_\_\_  
 Total#: Res. 1 BR \_\_\_\_\_ Res. 2 BR \_\_\_\_\_ Res. 3 BR \_\_\_\_\_ Miscellaneous Units \_\_\_\_\_

### Landlord/Architect Declaration of Accuracy and Truthfulness

**\*Note: Please Read Below and Confirm All Information Above Before Submitting to PVSC.**

I, (PRINT LANDLORD/AGENT NAME) / (PRINT OWNING ENTITY NAME) (Print Neatly) attest that I have personally provided all required information to the PVSC Inspector in an accurate and truthful manner to the best of my ability in the area(s) listed above. I am aware that the falsification of any required information may constitute a violation of PVSC Rules and Regulations and may also result in the assessment of penalties as described in Section 325.1 of PVSC Rules and Regulations which states; "PVSC may assess a civil penalty against each violator who submits inaccurate information, record, or other document required to be submitted or maintained, or who falsifies, tampers with or renders inaccurate any monitoring device or method required to be maintained under the Water Pollution Control Act or any rule, water quality standard, effluent limitation, judicial order or Permit issued pursuant thereto."

X \_\_\_\_\_ Notary: (Requires Stamp w/Valid Exp. Date or Copy of Notary's Commission) Date Notarized: \_\_\_\_\_  
 Property Owner  Agent: (Confirmed by a Notary Public)

X \_\_\_\_\_ Dated: \_\_\_\_\_ X \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Construction Official  Architect: (Sign & Seal)  Zoning  Planning Official:

**\*Note: All Fields Must Be Filled Out Completely, Confirmed for Municipal Code Compliance, And/or Certified by a NJ Licensed Architect and Notarized as Indicated Above.**



# INSPECTION & COMPLIANCE BUREAU CONNECTIONS UNIT

\*Note: The Borough of Glen Rock will not issue Building Permits, COs or CCOs Until PVSC's Review and Fee requirements are satisfied.

## Sewer Application Review & Requirement List

### PVSC Inspector Michael Napolitano

Is available at The Glen Rock Building Department

9:30 am - 10:30 am	<b>Tuesdays</b>	9:30 am - 10:30 am
11:30 am - 12:30 pm	<b>Wednesdays</b>	11:30 am - 12:30 pm

Call (973) 817-5706 to confirm

All Applications for Building Permits, COs or CCOs falling under  
The following guide lines are subject to PVSC Review:

> **RESIDENTIAL:**

- ✓ New Construction - PERMITS
- ✓ Addition/Alteration/Renovation - PERMITS
- ✓ Knockdown/Rebuild - PERMITS
- ✓ Change in Use/Conversion to Residential Use - PERMITS/COs \* ie: Factory to Condos, etc...

> **COMMERCIAL:**

- ✓ New Construction - PERMITS
- ✓ Addition /Alteration/Renovation - PERMITS
- ✓ Knockdown/Rebuild - PERMITS
- ✓ Change in Use/Operation/Tenancy - PERMITS/COs/CCOs

> **INDUSTRIAL:**

- ✓ New Construction - PERMITS
- ✓ Addition/Alteration/Renovation - PERMITS
- ✓ Knockdown/Rebuild - PERMITS
- ✓ Change in Use/Operation/Tenancy - PERMITS/COs/CCOs

All Applications subject to PVSC review are minimally required to provide from  
The following list of documents as indicated below by the PVSC Inspector:

- 1) A Completed PVSC "Sewer Application Municipal Referral" form available at the Glen Rock Building Department.
- 2) A Completed page 1 of PVSC Form SCF-12 "Sewer Connection Submittal Requirement Checklist" for your Property/Project/Tenant Space.
- 3) A Completed and Notarized PVSC "Landlord Affidavit" available at the Glen Rock Building Department.
- 4) A set of Floor Plans signed by the Glen Rock Zoning/Planning Office[s] which clearly demonstrates the approved use.
- 5) A Site Plan for your Property/Project/Tenant Space which clearly indicates where the sewer line exits the building and which street it travels to. Existing Proposed
- 6) A copy of the Resolution for any Variances granted by the Municipality pertaining to the Property/Project/Tenant Space.
- 7) A copy of the "Demolition Permit" for any previously existing structure on the Property/Project /Tenant Space site.
- 8) A copy of the "Property Record Card" available at the Glen Rock Tax Assessor's office for any currently or previously existing structure on the Property/Project/Tenant Space site. (Not the tax payment receipt).
- 9) A copy of the Last most recent CO/CCO issued by the Borough of Glen Rock for the Property/Project/Tenant Space.
- 0) A copy of the New CO/CCO Application signed by the Glen Rock Zoning/Planning Offices.
- 1) A copy of the Last most recent Inspection Report from the Glen Rock Health Dept. stating the number of Existing Seats/Stools.
- 2) A copy of the Newly Calculated Occupancy Load from the Glen Rock Fire Dept. stating the total number of Seats/Stool allowed.
- 3) A Letter from the NJ State DYFS stating the total number of Children/Staff allowed for each Daycare Age Group/Space.
- 4) A Sealed PVSC "NJ UCC Analysis" drafted by a Licensed Architect stating the official Existing Use[s]/Intensity[ies] vs. the Proposed Use[s]/Intensity[ies] approved by the Glen Rock Zoning/Planning Office[s] pertaining to the Property/Project/Tenant Space.
- 5) 5 year's Water Consumption dating back from the last most recent Bill for each meter connected to the space pertaining to your PERMIT/CO/CCO. \*Call: (201) 670-5520 (Ridgewood Water Dept.)

Address: \_\_\_\_\_ Bldg#: \_\_\_\_\_ Unit#: \_\_\_\_\_ Floor#: \_\_\_\_\_ Block#: \_\_\_\_\_ Lot#: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



# Passaic Valley Sewerage Commission

Form SCF-25 FMG  
Revised: (12/11/24)

*"Protecting Public Health and the Environment"*

## APPLICANT, OWNER, PROJECT INFORMATION

### 1.) APPLICANT: (APPROVAL LETTER IS MAILED TO THIS ADDRESS, ENSURE IT IS ACTIVE)

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX # or E-MAIL: \_\_\_\_\_

### 2.) PROPERTY OWNER OR AUTHORIZED AGENT: SAME AS ABOVE

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX # or E-MAIL: \_\_\_\_\_

### 3.) PROJECT/TENANT SPACE: *FILE CAN NOT BE ENTERED WITHOUT THIS FILLED OUT*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: NEW JERSEY ZIP: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

DESCRIPTION: The project consists of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PVSC Inspector Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
PVSC Supervisor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Submitted by: \_\_\_\_\_  
(signature) (print name) (date)