



BOROUGH OF HAWTHORNE

445 Lafayette Ave Hawthorne NJ 07506

Zoning and Land Use Office

Gene De Augustines Land Use Administrator

973.427.4889

Instructions for Tenant Review /Certificate of Compliance Application

1. Complete **application** and **confidential emergency information sheet**, as well as the 'Consent of Property Owner' form.
2. A typewritten **Business Profile** which includes all of the following:
 - a. Briefly describe who you are and the type of business you are proposing to operate.
 - b. Include any past experience in this business in Hawthorne or other towns (brief).
 - c. The days and hours of operation, as well as number of employees.
 - d. Required parking (for employees, company vehicles, as well as visitors/customers).
3. **Floor Plan** detailing the layout of the proposed business.
4. **Survey showing parking** (Borough ordinance requires 9' x 18' parking stalls).
5. Upon completion of items 1 thru 4, return the original application along with **6 copies** of the application to the office for review. You must also submit a check or Money Order for \$120.00, made payable to the **Borough of Hawthorne** (please note this is a non-refundable application fee)

PLEASE KEEP A COPY OF THE APPLICATION FOR YOURSELF

6. When this review is completed, we will contact you as to whether changes and/or additional information is needed.
7. When the application is determined to be complete you will be contacted as to whether or not a Planning Board appearance will be required. If a Board appearance is required you will need to make an additional 15 copies of application. **EXCLUDING the Confidential Emergency Contact Sheet, and this direction sheet.**
8. When all copies are made, return them to this office.
9. At that time, you will be given a date for your appearance before the Planning Board (if required).
10. Please be sure to keep one copy of the completed application for your reference when you appear before the Planning Board.
11. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED.

NOTE: Planning Board Meetings begin at 7:00 pm in the Council Chambers



Borough of Hawthorne Planning Board
445 Lafayette Ave Hawthorne NJ 07506
Zoning and Land Use Office
973.427.4889

Consent of Property Owner for Application

Please print or type

The undersigned hereby certifies that he / she is the owner or authorized representative of the owner of the

property designated as _____,

(Property Street address)

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

Proposed business name _____

Business Owner's name _____

Business description _____

Property owner / Representative Name / Title _____

Signature of property owner / representative

Date

Planning Board

Borough of Hawthorne 445 Lafayette Avenue Hawthorne NJ 07506

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Fee \$ 120.00

Date _____

Street Address _____

Zone _____ Block _____ Lot _____ Occupancy Sq. Footage _____

Business Name _____ Phone _____

Type of Occupancy _____ Fax. _____

Business Operators Name _____ Phone _____

Home Address _____ Email _____

No. of Parking spaces available _____ (9'x18') No. of spaces assigned to you (required) _____

No. of employees _____ Typical days and hours of operation _____

Materials used or stored on site _____

Water and Sewer Usage _____ Noise from Operation _____

Is building sprinklered _____ Odor from operations _____

Does this occupancy lie in a flood zone? _____ Zone _____

Previous occupants Name _____

Date of site plan _____ Date of variance approval _____

Application requires copies of each of the following:

() This application () Floor plan () Business profile

() Survey showing parking

Signature of Applicant

CERTIFICATE OF COMPLIANCE APPROVED:

DATE: _____

Zoning Administrator

Fire Prevention Official

C of C Number _____

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

Confidential Emergency Contact Information

For use by the Hawthorne Police and Fire Departments only

Business Name _____

1. Address _____

Business Phone Number _____ Fax _____ Email _____

2. Business Owner _____

Address _____ Phone _____

City, State, Zip _____

Email _____

3. Building Owner _____

Address _____ Phone _____

City, State, Zip _____

Email _____

Mail Address _____

if different than #1-3 above

City, State, Zip _____

Is this occupancy equipped with an alarm system? Burglar Fire Central Station Direct Dial

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 listed information should be reported to this office immediately.