

**Borough of Englewood Cliffs
Building Department**

482 Hudson Terrace
Englewood Cliffs, NJ 07632
P -201-568-9262
F-201-227-7775

BUSINESS ZONING APPLICATION

Building Address: _____

Name of Business(New Tenant) _____

Floor/Suite: _____ Business Phone: _____ Cell Phone: _____

Description of Business (In Detail): _____

Vending Machines: _____ Number of Employees: _____

Square Footage: _____ Hours Open: _____

Parking Requirement for Zone: _____

Number of Parking Spaces for Employees/Customers: _____

Name/Address/Telephone of Business Owner (Tenant): _____

Hazardous/Combustible Materials (Attach Spec. Sheets): _____

Must provide a copy of lease agreement, layout of interior space and parking along with a \$200.00 check payable to the Borough of Englewood Cliffs.

Based on the decision of the Zoning Official, your application may require an appearance before the Planning Board.

Applicant must conform to all Building, Electric, Plumbing, Fire and Board of Health Codes. This application is submitted to the Fire Department, Chief of Police and Board of Health. These departments may request additional information.

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TENANT INFORMATION

Business Name: _____

Business Owner Name: _____

Address : _____

Telephone Number _____ Fax Number _____

Email Address _____

Mailing address if different than above _____

Owner of Building _____

Address of Bldg. Owner _____

Telephone Number _____ Fax Number _____

Order of priority of persons who may be contacted in case of Emergency:

1. Name _____

Home Telephone Number _____

Cell Number _____

2. Name _____

Home Telephone Number _____

Cell Number _____

3. Name _____

Home Telephone Number _____

Cell Number _____

4. Name _____

Home Telephone Number _____

Cell Number _____