



# BOROUGH OF ROSELLE

210 CHESTNUT STREET • ROSELLE, NEW JERSEY 07203  
TELEPHONE (908) 634-4530

- APPLICATION FOR CERTIFICATE OF USE
- APPLICATION FOR TEMPORARY C. OF O.

Date \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Address of Property \_\_\_\_\_

- Please answer all questions.
- All addresses submitted must be current residences.

Give a brief description of property by supplying the following info:

- 1 Family
- 2 Family
- 3 Family
- 4 or more \_\_\_\_\_

Number of Apartments	Number of Kitchens	Number of Bathrooms	Number of Bedrooms	Number of Floors

The following information **MUST** be printed and completed in full

Name of Owner \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Buyer \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Name of Tenant \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Floor \_\_\_\_\_

Is this a licensed rental unit (Check if Yes )

Type of Building Use:      Residential      Business      Industrial      Commercial

### TO BE COMPLETED FOR ANY BUSINESS OR TENANT OF A BUSINESS:

Have you obtained Zoning Approval for your business or tenant occupancy?      Yes      No

State the nature of your operation or service \_\_\_\_\_

What will you manufacture or sell? \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Square footage you will occupy \_\_\_\_\_ IS parking available \_\_\_\_\_ If so, how many spaces \_\_\_\_\_

How many persons will be employed? \_\_\_\_\_ What floor will tenant occupy? \_\_\_\_\_

Will you use or store any combustibles or flammable materials on the premise? \_\_\_\_\_

If so, explain fully \_\_\_\_\_

**\*\*NOTE: This is not a home inspection. It is an inspection for a Certificate of Occupancy ONLY\*\***

### STATEMENT

I, \_\_\_\_\_ being duly sworn on my oath deposes and says that I am the maker of this application. That I reside at \_\_\_\_\_ (Street) \_\_\_\_\_, in the city of \_\_\_\_\_, state of \_\_\_\_\_, zip code \_\_\_\_\_, Phone number ( ) \_\_\_\_\_

and that the above is the owner(s) of the building or structure and that the statements are correct and true in all particulars. I further realize and understand if my operation changes, or I move to a new location, a new Certificate of Use must be obtained. I understand that I must supply the name of the buyer, before a Certificate of Use is issued.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Would you like to pick up the certificate or have it mailed?

- Pick Up       Mail

Mail To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

Application # \_\_\_\_\_

Open Permits?  
Yes  No

Fee: \$ \_\_\_\_\_

\_\_\_\_\_ Received By  
 Check/No. \_\_\_\_\_

Ent: \_\_\_\_\_ by \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Zone \_\_\_\_\_

Use \_\_\_\_\_

- Residential       Business
- Commercial       Industrial
- Residential/Business

APPROVED

DENIED