

BOROUGH OF NORTH PLAINFIELD

263 SOMERSET STREET, NORTH PLAINFIELD, NJ 07060

CONSTRUCTION OFFICE - 908-769-2918

PLEASE COMPLETE THE ENCLOSED APPLICATION AND SUBMIT FEE OF \$160.00

ONLY ONE OF THE FIRST 3 PAGES WILL PERTAIN TO YOUR TRANSACTION. PLEASE SELECT ONE FOR EXAMPLE:

SALE OF COMMERCIAL PROPERTY

TRANSFER/SALE OF BUSINESS

NEW BUSINESS

ALL INFORMATION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

PLEASE INCLUDE FLOOR PLAN OF PROPOSED LAYOUT INCLUDING DIMENSIONS OF AREA, TABLES, CHAIRS, COUNTERS, SHELVING, EXIT/EXTRANCE.

LETTER OF INTENT IS REQUIRED STATING THE NATURE OF YOUR BUSINESS, HOURS OF OPERATION, AND NUMBER OF EMPLOYEES.

RENOVATIONS FOR COMMERCIAL SPACE REQUIRE ARCHITECT DRAWINGS AND LICENSED CONTRACTORS.

FOR FOOD BUSINESS, 3 SETS OF PLANS ARE REQUIRED.

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APPLICATION FOR NEW BUSINESS

APPLICANT/BUYER NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

OWNER OF PROPERTY: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

BUSINESS OWNER NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

ADDRESS OF BUSINESS: _____

CURRENT BUSINESS IN USE: _____

PROPOSED USE OF PROPERTY IF DIFFERENT THAN CURRENT

BUSINESS: _____

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APPLICATION FOR SALE OF COMMERCIAL PROPERTY

APPLICANT/BUYER: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

CURRENT OWNER NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

BUYER NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

ADDRESS OF PROPERTY BEING SOLD: _____

CURRENT USE OF PROPERTY: _____

PROPOSED USE OF PROPERTY IF APPLICABLE:

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APPLICATION FOR TRANSFER/SALE OF COMMERCIAL BUSINESS

APPLICANT/BUYER: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

BUYER NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

ADDRESS OF BUSINESS BEING SOLD: _____

CURRENT BUSINESS IN USE: _____

PROPOSED USE OF BUSINESS IF APPLICABLE:

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WILL ANY RENOVATIONS TAKE PLACE AT THIS LOCATION?

PERMITS AND FINAL INSPECTIONS MUST BE COMPLETED BEFORE YOUR CERTIFICATE OF OCCUPANCY WILL BE ISSUED.

IF FOOD RELATED BUSINESS, YOU CANNOT OPEN UNTIL HEALTH DEPT. AND BUILDING DEPT. APPROVE ALL INSPECTIONS.

PLEASE STATE THE NAME OF YOUR BUSINESS:

RESTAURANT / CAFE / FOOD STORE / DELI

IF THE BUSINESS IS FOOD RELATED YOU MUST CONTACT THE HEALTH DEPARTMENT FOR INFORMATION ON OBTAINING A FOOD LICENSE.

PLEASE CONTACT STEPHANIE SHERWOOD AT 908 769-2907.

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BEFORE ANY INSPECTIONS CAN BE SCHEDULED YOU MUST FIRST
HAVE APPROVAL FROM THE ZONING OFFICER.

MAKE SURE CONTACT NUMBERS AND EMAILS ARE ACCURATE AND
PRINTED CLEARLY.

BOROUGH USE ONLY

ZONING OFFICER: _____

APPROVED _____ NOT APPROVED _____

REASON NOT APPROVED: _____



BOROUGH OF NORTH PLAINFIELD
Department of Fire Prevention and Protection
8 Lincoln Place, North Plainfield, NJ 07060
908 769-2935 – Fax: 908 769-2943



NEW BUSINESS REGISTRATION - (Non LHU)

1. Business or Ownership

Date of Registration: _____

- Corporation
 Private/Individual
 Partnership
 Condominium
 Cooperative
 Government Agency
 LLC Corporation

2. Business Ownership Mailing Address

Name (Required - CEO if Corporation) _____

Street and/or P.O.Box _____ Suite/Apt. _____ City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ After Hours: _____

Email Address (Required): _____

BUSINESS LOCATION INFORMATION

1. Name of Business/Occupancy: _____

Street and/or P.O. Box _____ Suite/Apt. _____ City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Email: _____

Emergency Contact (Key Holder): _____

Street and/or P.O.Box _____ Suite/Apt. _____ City _____ State _____ Zip Code _____

Work Phone: _____ Fax: _____ After Hours: _____

Brief Description of Business: _____

FIRE DEPARTMENT USE ONLY



NORTH PLAINFIELD POLICE DEPARTMENT
263 Somerset Street
North Plainfield, N.J. 07060
northplainfieldnj.gov
Phone: 908-769-2937 Fax: 908-769-5368



Alan McKay
 CHIEF OF POLICE

Edward Ciempola
 CAPTAIN

BUSINESS EMERGENCY CONTACT FORM

IN AN EFFORT TO BETTER SERVE THE BUSINESS COMMUNITY, THE NORTH PLAINFIELD POLICE DEPARTMENT ENCOURAGES BUSINESS OWNERS TO PROVIDE AN EMERGENCY CONTACT NOTIFICATION LIST FOR INDIVIDUALS THAT WILL RESPOND IN CASE OF AN EMERGENCY DURING NON-BUSINESS HOURS. PLEASE SEND THE COMPLETED FORM TO DETECTIVE SERGEANT ALBERT DOMIZI BY EMAIL AT ADOMIZI@NORTHPLAINFIELDNJ.GOV, OR BY REGALAR MAIL OR IT CAN BE DROPPED OFF AT THE POLICE STATION

DATE: _____

ADDRESS: _____

BUSINESS/ORGANIZATION NAME: _____

BUSINESS/ORGANIZATION PHONE: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____ OWNER'S EMAIL: _____

LIST THE NAMES OF INDIVIDUALS THAT WILL RESOND IN CASE OF EMERGENCY DURING NON-BUSINESSHOURS. THE NAMES WILL BE CALLED IN ORDER LISTED.

NAME OF EMERGENCY CONTACT #1: _____

PHONE NUMBER(S): _____

NAME OF EMERGENCY CONTACT #2: _____

PHONE NUMBER(S): _____

NAME OF EMERGENCY CONTACT #3: _____

PHONE NUMBER(S): _____

IS THE ESTABLISHMENT MONITORED BY AN ALARM COMPANY? YES _____ NO _____

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE: _____

PLEASE ADVISE THE NORTH PLAINFIELD DEPARTMENT OF COMMUNITY ORIENTED POLICING UNIT AT 908 769-2937 TO ADVISE OF ANY CHANGE IN CONTACTS.