

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: _____

