



# TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004-2425

Engineering Dept. (973)882-2725  
Building Dept. (973)882-2730  
Zoning (973)882-2729  
Fax (973)244-9255

(TEL) 973-882-2700  
(FAX) 973-882-0365

## COMMERCIAL APPLICATION – CERTIFICATE OF RE-OCCUPANCY

FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION

**NOTE: THE GRANTING OF A RE-OCCUPANCY PERMIT DOES NOT NEGATE THE NEED TO OBTAIN OTHER REQUIRED APPROVALS**

1. LOCATION OF BUSINESS (ADDRESS): \_\_\_\_\_  
BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ BUILDING NO: \_\_\_\_\_, UNIT NO: \_\_\_\_\_ (If applicable)
2. NAME OF BUSINESS (TENANT): \_\_\_\_\_  
PHONE NO: \_\_\_\_\_
3. TENANT OWNER NAME/If Incorporated Authorized Officer: \_\_\_\_\_
4. OWNER OF PROPERTY: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
ADDRESS OF PROPERTY OWNER: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_
5. ZONING DISTRICT: \_\_\_\_\_
6. TOTAL SQ. FT. OF ENTIRE BUILDING: \_\_\_\_\_  
SQ. FT. BREAKDOWN OF ENTIRE BUILDING: OFFICE: \_\_\_\_\_  
WAREHOUSE: \_\_\_\_\_ MANUFACTURING: \_\_\_\_\_ RETAIL: \_\_\_\_\_ OTHER: \_\_\_\_\_
7. TOTAL SQ. FT. TO BE OCCUPIED BY TENANT: \_\_\_\_\_
8. SQ. FT. BREAKDOWN OF AREA TO BE OCCUPIED: OFFICE: \_\_\_\_\_  
WAREHOUSE: \_\_\_\_\_ MANUFACTURING: \_\_\_\_\_ RETAIL: \_\_\_\_\_ OTHER: \_\_\_\_\_
9. TOTAL NUMBER OF PARKING SPACES FOR ENTIRE BUILDING: \_\_\_\_\_
10. NUMBER OF EMPLOYEES OF NEW TENANT: \_\_\_\_\_
11. WILL THERE BE OVERNIGHT PARKING OF TRUCKS?: \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
TRAILERS? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ CONSTRUCTION VEHICLES? \_\_\_\_\_ If yes, how many? \_\_\_\_\_
12. WILL THERE BE OUTDOOR STORAGE OF MATERIALS? \_\_\_\_\_
13. PREVIOUS USE (Be Specific): \_\_\_\_\_
14. PROPOSED USE: Describe in detail the specific activity and type of business to be conducted in the principal building (Must be completed by Tenant)  
\_\_\_\_\_  
\_\_\_\_\_

### MUST BE SIGNED BY TENANT: \_\_\_\_\_

15. State whether any of the activities described in number (14) above are conducted as a nonconforming use: (if so, state facts supporting this contention):  
\_\_\_\_\_  
\_\_\_\_\_
16. To the applicants knowledge, have the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board? \_\_\_\_\_ (If yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on Next Page)

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

OR

AUTHORIZED AGENT WITH PROOF OF SUCH AUTHORIZATION (letter from owner)

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER TO CONTACT WHEN CERTIFICATE IS READY:

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
(TYPE OR PRINT NAME)

SIGNATURE OF TENANT: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

**THE COMPLETE APPLICATION MUST BE NOTARIZED**

Notary's signature: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_ Seal: \_\_\_\_\_

**PLEASE NOTE:**

If something will be discharged into the sewer system that wasn't previously approved to go into it, TBSA form C & D must have approval from the Two Bridges Sewer Authority, in writing, otherwise omit forms C & D.

Their address is: TBSA  
P.O. Box 188  
Lincoln Park, NJ 07035  
(201) 696-4494

TBSA is located at the end of Lincoln Blvd. off Two Bridges Road, Lincoln Park

**NONRESIDENTIAL SEWER USE APPLICATION**

**By Authority**

Subsystem: \_\_\_\_\_ Permit No: \_\_\_\_\_  
Attachments: \_\_\_\_\_ Reviewed By/Date: \_\_\_\_\_  
Approved By/Date: \_\_\_\_\_ Entered By/Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

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**By Applicant**

1. Applicant: \_\_\_\_\_  
Property Owner (if different): \_\_\_\_\_
2. Street: \_\_\_\_\_
3. Town: \_\_\_\_\_
4. Post Office Box: \_\_\_\_\_
5. Tax Block: \_\_\_\_\_ Lot: \_\_\_\_\_
6. Telephone No: \_\_\_\_\_
7. Contact Person (Name/Title): \_\_\_\_\_
8. Describe Business: \_\_\_\_\_
9. Will a garbage grinder with a motor of 1/2 horsepower or greater, be installed? \_\_\_\_\_ Will a grease trap be installed? \_\_\_\_\_ If yes, please state volume: \_\_\_\_\_ gallons.
10. Will any liquid product, process, or waste be present on the premises in quantities greater than 1,000 gallons? \_\_\_\_\_ If yes, please identify: \_\_\_\_\_
11. Will discharge consist only of Domestic Wastewater?\* \_\_\_\_\_ If no, please complete and submit Form D, Supplemental Nondomestic Sewer Use Information.

The Authority will utilize the information furnished in this application in forming its opinion as to allow or restrict by issuance of a permit, or prohibit the proposed discharge.

In consideration of the filing of this application, the undersigned agrees:

1. To furnish any additional information relating to the use of the Public Sewerage System for which this application is made as may be requested by the Authority.
2. To accept and abide by all provisions of the Rules and Regulations of the Authority, and of all amendments that may be adopted in the future. (Available for inspection and/or purchase at the Authority offices).
3. To operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the Public Sewerage System of the wastes involved, in an efficient manner at all times, and at no expense to the Authority.
4. To allow the Authority access to the facilities and records at reasonable times and to cooperate at all times with the Authority in their inspecting, sampling, and study of the discharge and any facilities provided for pretreatment.
5. To notify the Authority immediately in the event of any accident, or other occurrence that occasions discharges to the Public Sewerage System of any wastewater or substances prohibited or not covered by this permit.

The signature presented below shall certify that to the best knowledge and belief of the Applicant, or duly Authorized Representative\*\* of the Applicant, the information furnished in this application is true, complete and accurate.

Print or type name and position below signature: \_\_\_\_\_ (signature)  
\_\_\_\_\_ Date: \_\_\_\_\_

\*\*Domestic Wastewater" is the liquid waste or liquid borne waste (1) resulting from the preparation, cooking and handling of food and/or (2) consisting of human excrement and similar wastes from sanitary conveniences.

\*\*\*Authorized Representative" means 1) a principal executive officer of at least the level of vice president, if the applicant is a corporation; 2) a general partner or proprietor if the applicant is a partnership or proprietorship, respectively; 3) a duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge will originate.

**SUPPLEMENTAL NONDOMESTIC SEWER USE INFORMATION**

**By Authority**

Parameters exceeding 5% of Plant Capacity: \_\_\_\_\_  
 Subject to USEPA Categorical Pre-treatment Std. for: \_\_\_\_\_  
 (40 CFR \_\_\_\_\_)  
 NJDEP Significant Industrial User: \_\_\_\_\_  
 Self Monitoring: \_\_\_\_\_  
 Reviewed By/Date: \_\_\_\_\_ Approved By/Date: \_\_\_\_\_  
 Entered By/Date: \_\_\_\_\_ Permit Date: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**By Applicant**

1. Name: \_\_\_\_\_
2. Products and average production:  
\_\_\_\_\_
3. Type of Operation: Continuous: \_\_\_\_\_ Batch: \_\_\_\_\_  
 Scheduled Shutdown: \_\_\_\_\_ If yes, When? \_\_\_\_\_
4. Describe any waste treatment processes or devices provided prior to discharge:  
\_\_\_\_\_
5. Attach schematic diagram indicating discharge points and any waste treatment facilities.
6. Wastewater discharge from each process stream and other sources

Stream	Average Daily (gpd)	Maximum Daily (gpd)	Peak (gpm)

7. Discharges are (measured, estimated). If estimated, why?  
 \_\_\_\_\_  
 How: \_\_\_\_\_
8. Based upon knowledge of materials and operations used at the facility, could the discharge contain any pollutant regulated by Article V of the Authority Rules and Regulations?  
 \_\_\_\_\_
9. If yes, please attach a list of such pollutants and the concentrations of each representative of normal work cycles and expected discharge. Indicate the time, date, and methods of analysis. Estimated values may be supplied for new facilities. Confirmation testing may be required in this instance.

**Certification of Compliance/Noncompliance\*\***

To the best of my knowledge and belief, that the prohibitions and restrictions of Article V of the Authority's rules and regulations (are/are not) being met on a consistent basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print or type name and capacity of signature: \_\_\_\_\_

**Certification by Applicant\***

The information and certifications contained in or attached to this application and familiar to me and to the best of my knowledge and belief, they are true, complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print or type name and capacity of signature: \_\_\_\_\_

\*Same as Form C

\*\* By qualified professional familiar with the discharge and the Authority Rules and Regulations.