

TOWNSHIP OF LITTLE FALLS

APPLICATION FOR CERTIFICATE OF COMPLIANCE

PURSUANT TO TOWNSHIP ORDINANCE #893

COMMERCIAL

ADDRESS OF PROPERTY _____ BLOCK _____ LOT _____

OWNER OF PROPERTY _____

ADDRESS OF OWNER _____

_____ TEL. # _____

NAME OF TENANT OR NEW OWNER _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES _____

SQUARE FOOTAGE OF TENANT SPACE OCCUPIED _____

SIGNATURE OF APPLICANT _____ DATE _____

ZONING APPROVAL

APPROVED _____ DATE _____ DENIED _____ DATE _____

REASON FOR DENIAL _____

SALE RENTAL

APPROVED _____ DATE _____ DENIED _____ DATE _____

CC # _____

FEE _____

RECEIVED BY _____

REMARKS: _____

TOWNSHIP OF LITTLE FALLS
PASSAIC COUNTY, NEW JERSEY

BUREAU OF FIRE PREVENTION
225 Main Street
Little Falls, N.J. 07424-1413



TELEPHONE
(973) 890-4524
Fax: (973) 256-8017

NJ UNIFORM FIRE CODE
Application for Certificate of Fire Code Status

New Business Name:	
Street Address:	
New Business Owner's Name:	
Previous Business Name:	

Building Owner's Name:	
Mailing Address:	
Town/State/Zip Code:	
Phone Number:	
Email Address:	

I hereby request to apply for a Certificate of Fire Code Status pursuant to the requirements of the NJ State Uniform Fire Code. I understand that a fire inspection of the above referenced facility would be required to be conducted in order for this certificate to be issued and also that any new and/or unabated fire code violations must be resolved along with payment of any outstanding fees which may exist for this property prior to issuance of certificate.

Applicant Signature: _____ Date of Application: _____

Certificate Application Fee is \$35.00 as required by Chapter 71 Fees of the Township Code.

Check or Money Order for this amount shall be made payable to "Township of Little Falls" and submitted along with this application.