



BOROUGH *of* SOUTH PLAINFIELD

APPLICATION FOR CERTIFICATE OF USE MIDDLESEX COUNTY • NEW JERSEY

BUILDING & PROPERTY OWNER _____

ADDRESS _____

COMPANY OR BUSINESS NAME _____

PROPERTY ADDRESS _____

BLOCK # _____ LOT # _____ ZONE _____ USE GROUP _____

PREVIOUS TENANTS NAME _____

HAS ALL WORK DONE ON PREMISES BEEN APPROVED? YES NO

MANAGER OR PRESIDENT _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES _____ PRODUCT _____

DETAILED DESCRIPTION OF OPERATION _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____

PHONE _____

X _____
(owner – agent please sign)

Building Inspector

Make Check or Money Orders only \$100.00
Payable to: Borough of South Plainfield
Mail to: Building Department
2480 Plainfield Avenue
South Plainfield, NJ 07080

Fire Sub-Code Official

Date

****Please contact The South Plainfield Bureau of Fire Safety for any Requirements they may have (908) 226-7715.**

Board of Health Official

Date

South Plainfield Police Department



2480 PLAINFIELD AVENUE
SOUTH PLAINFIELD, NJ 07080
(908) 755-0700

Dear Business or Home Owner:

If you have an alarm system in your business / home that a central station or police department monitors it is necessary for you to fill out the enclosed form. This information is important to the police and fire departments so they can contact some one from your business / home in the event they get dispatched to your location for an emergency when no one is on the premises.

The contact persons (key holder) information that you provide should be someone who will be able to gain entry into your business / home and some one who does not have a long distance to travel so entry can be gained with out long delays.

This information is strictly confidential, so please take a few minutes to fill out the enclosed form and return it to the South Plainfield Police Department, 2480 Plainfield Avenue, South Plainfield, NJ 07080, attention Bette Schiavi. If you have any questions please feel free to contact me at (908) 226-7686.

Sincerely,

A handwritten signature in cursive script that reads "Bette Schiavi".

Bette Schiavi
Communications

South Plainfield Police Department



2480 PLAINFIELD AVENUE
SOUTH PLAINFIELD, NJ 07080
(908) 755-0700

Date: _____

Fax: 908 755-0320

Name of Company or Home Owner: _____

Property Address: _____

City, State, Zip Code: South Plainfield, NJ, 07080

Business / Home Phone Number _____

Billing address if different then above: _____

EMERGENCY 24-HOUR CONTACTS

(not property number)

Please type or print

1st Name: _____

Phone Number: 1) _____ 2) _____

2nd Name: _____

Phone Number: 1) _____ 2) _____

3rd Name: _____

Phone Number: 1) _____ 2) _____

4th Name: _____

Phone Number: 1) _____ 2) _____

Please take a few mins to fill out the above form, and return it to the South Plainfield Police Department, 2480 Plainfield Avenue, South Plainfield, NJ, 07080. This information is important to the Police Dept so we can contact someone in the event of an emergency at your home or business when no one is on the premises. If you have any questions please contact CO. Bette Schiavi at 908-226-7686.

BOROUGH OF SOUTH PLAINFIELD, NEW JERSEY
BUREAU OF FIRE PREVENTION

HAZARDOUS MATERIALS INFORMATION

THE FOLLOWING INFORMATION IS SUBMITTED FOR DETERMINATION OF OCCUPANCY GROUP CLASSIFICATION. ANY DEVIATIONS MAY REQUIRE RECLASSIFICATION OF THIS BUILDING.

COMPANY NAME _____

ADDRESS _____

List all flammable and combustible liquids, flammable gases, explosives, hazardous materials. Show the maximum amounts to be used and / or storage.

Materials	amount in use	amount in storage	flash point

Indicate process involved (spraying, dipping, etc.) _____

Indicate method of storage _____

I hereby certify that the use, storage or process of hazardous materials will be limited as indicated above.

Signature _____
(Building owner or Occupant)

Date _____