

# BOROUGH *of* SOUTH PLAINFIELD

## APPLICATION FOR CERTIFICATE OF CONTINUED ZONING / USE

PROPERTY OWNER \_\_\_\_\_

PROPERTY OWNERS ADDRESS \_\_\_\_\_

PREVIOUS TENANTS NAME \_\_\_\_\_

NEW TENANT BUSINESS NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

BLOCK # \_\_\_\_\_ LOT # \_\_\_\_\_ ZONE \_\_\_\_\_

MANAGER OR PRESIDENT \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

DETAILED DESCRIPTION OF OPERATION \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

\_\_\_\_\_  
**Zoning Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Construction Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**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**

**Payment:** Check or Money Order - \$100.00  
**Payable to:** Borough of South Plainfield

**Mail To:** Borough of South Plainfield  
Building Dept  
2480 Plainfield Avenue  
South Plainfield, NJ 07080

# 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, New Jersey

Business / Home Phone Number: \_\_\_\_\_

Billing Address is different from above: \_\_\_\_\_

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EMERGENCY 24-HOUR CONTACTS  
(not property number)  
**Please type or print**

1<sup>st</sup> Name: \_\_\_\_\_

Phone Number: 1) \_\_\_\_\_ 2) \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_

Phone Number: 1) \_\_\_\_\_ 2) \_\_\_\_\_

3<sup>rd</sup> Name: \_\_\_\_\_

Phone Number: 1) \_\_\_\_\_ 2) \_\_\_\_\_

4<sup>th</sup> Name: \_\_\_\_\_

Phone Number: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Please take a few minutes to fill out the above form, and return it with the attached application. This information is important to the Police Department 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. Keely Heyman at 908-226-7686.**

*"The Borough of South Plainfield is an Equal Opportunity Employer"*

# South Plainfield Police Department



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

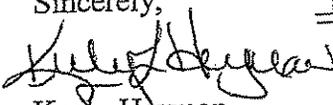
Dear Business or Homeowner:

If you have an alarm system in your business/home that is monitored by an alarm and/or is an audible alarm, 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 someone from your business/home in the event they are dispatched to your location for an emergency when no one is on the premises.

The contact person (key holder) information that you provide is strictly confidential. It should be someone who will be able to gain entry into your business/home and someone who does not have a long distance to travel so entry can be gained without long delays.

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 Communications Operator Keely Heyman. If you have any questions, please feel free to contact me at (908)226-7686.

Sincerely,

 #7597  
Keely Heyman  
Communications

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 \_\_\_\_\_