

Application for Certificate of Continued Occupancy Commercial

1976 Morris Avenue
Union, NJ 07083
(908)851-8509

Block _____ Lot _____

Print Clearly

Name of Business _____

Business Address _____

Business Phone No. _____

Tenant's Name _____

Home Address _____

Home Phone No. _____

Previous Use _____ Intended Use _____

Type of business _____

Signature of Applicant & Date

1. **\$75.00 fee by, check or money order ONLY!**
2. Please make payable to **Township of Union**
3. See **Fire Department** for inspection
4. Food/Hair Salon/Nail Salon applicant see **Health Department**

Office Use Only

Use Group _____ Description: _____

Construction Official: _____

TOWNSHIP OF UNION DEPARTMENT OF PUBLIC SAFETY

PHONE (908) 851-5434

FIRE DIVISION

FAX (908) 851-5423

FIRE PREVENTION BUREAU

1 BOND DRIVE

UNION, NEW JERSEY 07083

SITE SURVEY FORM

LOCATION:

SUITE \ APT:

BUSINESS OR COMPANY NAME:

PHONE NUMBER:

EMERGENCY CONTACT INFORMATION

1ST PERSON:

PHONE:

2ND PERSON:

PHONE:

BUSINESS OR COMPANY OWNER

NAME:

ADDRESS:

PHONE NUMBER:

ADDITIONAL INFO:

BUILDING OWNER

NAME:

ADDRESS:

PHONE NUMBER:

WORK NUMBER:

ALARM INFORMATION

MONITOR COMPANY:

PHONE NUMBER:

ACCOUNT NUMBER:

ALARM TYPE (POLICE-FIRE):

GUARD DOG (Y/N):

WEAPONS (Y/N):

UPD PERMIT #:

DATE RENEWED:

HANDICAP / INVALID INFORMATION

****FIRE DEPARTMENT USE ONLY****

LOCATION OF:

FIRE DEPARTMENT CONNECTION

SPRINKLER SYSTEM

STANDPIPE

FIRE PUMP

ALARM PANEL

ELECTRICAL SHUTOFF

WATER SHUTOFF

GAS SHUTOFF

OIL SHUTOFF

HEATING SHUTOFF

A/C SHUTOFF

KNOX BOX LOCATION

HYDRANT LOCATIONS

SPECIAL HAZARDS

**TOWNSHIP OF UNION POLICE DEPARTMENT
BUSINESS ALARM/EMERGENCY INFORMATION FORM**

Trade Name of Business: _____
Address of Premise: _____
(List each building): _____

Nearest Cross Street: _____

Business Phone # _____ Business Fax # _____

Type of Business: _____

Hours of operation: _____

Is this a non-profit organization ____YES ____NO (no fee required for non-profit)

Corporate Central Office: _____
Address: _____
Name & Title of Responsible
Company Official: _____

EMERGENCY CONTACT INFORMATION

#1. Name: _____
Address: _____

Phone #1 _____ Phone #2 _____

#2. Name: _____
Address: _____

Phone #1 _____ Phone #2 _____

#3. Name: _____
Address: _____

Phone #1 _____ Phone #2 _____

Signature: _____ Date: _____

FOR DEPARTMENTAL USE ONLY

Ck. to Admin: _____ Logged In/by: _____ Permit Sent: _____

