# Borough Of Montvale

12 DePiero Drive
Montvale, NJ 07645
(201) 391-5700


## Planning Board
Use Permit Application

### Instructions:

1. Return fully completed application form to the Planning Board Secretary:
   - Three (3) completed applications with original signatures on each
   - Seventeen (17) photocopies of the completed and signed application
   - Application fee: $225 check payable to: "The Borough of Montvale" *(Zoning Ordinance Section 128-8.6H)*
2. After submission, the applicant will be advised by the Board Secretary as to when this matter will be heard by the Montvale Planning Board
3. All applicants are required to appear at the scheduled meeting. If the applicant is a corporation and/or LLC, appearance and representation by a licensed NJ Attorney is required (*Ordinance Section 326.26*)
4. Taxes must be current on property in question in order for this application to be heard
5. A list of employee zip codes or name of town of employee origination must be included with application (absent this list, the application will be deemed incomplete)
6. Required submission of the **Business & Insurance Registration Form** sent directly to Boro Clerk ($50 annual fee)

**Name, current address and phone number of the Company name, tenant or applicant:**

1a. Name of Applicant: _____
1b. Street: _____
1c. Town /State/Zipcode _____ _____ - _____
1d. Phone: _____
1e. Fax: _____
1f. Email: _____

**If the applicant is represented in this application by a NJ attorney, the attorney's name, firm, address, and phone number must be listed here:**

2a. Name of Attorney: _____
2b. Firm: _____
2c. Street: _____
2d. Town /State/Zipcode: _____ _____ - _____
2e. Phone: _____
2f. Fax: _____
2g. Email: _____

**Name, current address and phone number of the building owner/landlord:**

3a. Name of Landlord/Owner: _____
3b. Street: _____
3c. Town /State/Zipcode _____ _____ - _____
3d. Phone: _____
3e. Fax: _____
3f. Email: _____

**The building intended to be occupied:**

4a. Block #: _____ 4b. Lot #: _____
4c. Street address: _____ 4d. Zone:
4e. Approximate size of entire building: (in square feet) _____
4f. Size of premises within the building to be occupied: (in square feet) _____
4g. Do you currently occupy any space in the subject building? YES NO

4h. If yes, how much space currently: (in square feet) _____

4i. Date applicant intends to occupy the premises: _____

4j. Nature of the present use of premises or, if vacant, use immediately prior to intended use proposed by applicant:

4k. Name of prior business occupying this space: _____

4l. Intend use of premises. Be Specific:

4m. Number of rooms or offices contained on premises:

4n. Nature of proposed alterations intended, if any:

4o. Proposed days and hours of operation:

**Employees, parking, and signs:**

5a. Number of employees that will occupy the premises: _____

5b. Number of parking spaces required for employees: _____

5c. Number of parking spaces required for visitors: _____

5d. Total number of parking spaces provided for in lease: _____
(provide either the number of parking spaces or state 'parking in common' with other tenants)

5e. Number of parking spaces that are physically marked or assigned for your use only on site: _____
(i.e. sign that states Parking for ABC Company only)

5f. Total number of parking spaces on site: _____
(provide either the number of parking spaces or state 'parking in common' with other tenants)

5g. Will any outdoor signs be required by applicant? YES NO

**Additional information, if any:**

6a. Additional information, if any:

_____ _____

Signature of Applicant Print/Type Applicant Name

_____ _____

Signature of Owner/Landlord Consenting to Application Print/Type Owner/Landlord Name

I certify this to be a true copy of the Use Permit application approved by the Planning Board of the Borough of Montvale, at its meeting held on Tuesday, , 20

_____

Secretary of the Montvale Planning Board

Within 30 days of the approval, the applicant or his representative must deliver a copy of this use permit form, Signed by the Secretary of the Board to the Montvale Building Department for final processing and issuance of a certificate of occupancy, along with payment of all required fees. Failure to deliver a signed copy within the prescribed time period may result in a denial of a certificate of occupancy and reappearance before the Montvale Planning Board may be required.

.

# Montvale Police Department

Borough of Montvale

**Douglas McDowell**
Chief of Police

MONTVALE BUSINESS FILE

PLEASE TAKE A MOMENT TO FILL OUT THIS FORM AND RETURN IT TO POLICE HEADQUARTERS

**BY FAX 201-391-6379 OR EMAIL hmcgee@montvaleboro.org**

Date: _____ Sector: ☐ East ☐ West (select one)

Number Of Employees: _____ Fulltime _____ Part Time Approx. Number Of Visitors Each Day:_____

Business Name: _____ Type of Business: _____ Street Address:

_____ Business Phone: _____

**Business Manager/Officer** Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____ E-Mail :

_____ Fax: _____ Business Phone: _____

**Emergency Contact** Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____ E-Mail :

_____ Fax: _____ Business Phone: _____

**Emergency Contact** Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____ E-Mail :

_____ Fax: _____ Business Phone: _____

**Night Lights:** ☐ Yes ☐ No Location: _____ Location: _____

Location: _____ Location: _____ Location: _____

**Are hazardous or volatile materials stored or utilized on the premises that would be of concern to responding emergency personnel**: ☐ Yes No

Types Of Materials: _____

Locations: _____

**Are x-ray or radiological equipment utilized or stored on the premises:** ☐ Yes ☐ No

Locations: _____

**Alarm On Premises**: ☐ Yes ☐ No Type: ☐ Fire ☐ Panic ☐ Burglar ☐ Medical ☐ Trouble

Remarks: _____

Burglar alarm to alarm company relayed to police: ☐ Yes ☐ No

Fire alarm to alarm company relayed to fire department: ☐ Yes ☐ No

Contracted security personnel on premises: ☐ Yes ☐ No Name:_____

Days/hours of operation of security personnel: _____

Days/hours of business Operation: _____

Designated company security officer: ☐ Yes ☐ No Name: _____

Does the premises have its own generator for emergency use: ☐ Yes ☐ No

**MEMBERSHIP FORM**

# Montvale Chamber of Commerce

## Welcome to the Montvale Business community. ☐ NEW MEMBERSHIP [

### SECTION 1: MEMBER CONTACT INFORMATION

| | | | |
|---|---|---|---|
| **TITLE** | ☐Mr ☐Mrs ☐Miss ☐Ms | | |
| **NAME** | | | |
| **COMPANY** | | **MAIN TELEPHONE** | |
| **ADDRESS 2** | | **WORK TELEPHONE (if different)** | |
| **ADDRESS 3** | | **HOME TELEPHONE** | |
| **TOWN/CITY** | | **MOBILE PHONE** | |
| **ZIP CODE** | | **PRIMARY EMAIL** | |
| **JOB TITLE:** | | **SECONDARY EMAIL** | |

***Star the e-mail and phone number you would like listed in the directory**

| MEMBER TYPE | DESCRIPTION | MEMBERSHIP DUES (Annual) | Please Check |
|---|---|---|---|
| **FULL** | Full Membership | $125.00 | |
| | On-Line Membership see website www.montvalechamber.com | | |
| **PAYMENT METHOD** | ☐ Company Check ☐ Personal Check ☐ Online Payment | | |

### SECTION 3: MEMBER INFORMATION

| |
|---|
| **Company Name to appear on web-site:** |
| Category(s) |
| **How many employees at the Montvale location?** |
| Direct contact person: |
| Direct contact E-Mail: _____ Telephone: _____<br>Web-Site: _____ |
| Please indicate if you would be willing to serve on a Chamber of Commerce committee:<br>☐ Yes ☐ Not at this time<br>Is there a specific committee you would like to serve on? _____ |
| Signature: _____ Date: ___/____/____<br>**To pay online:** Go to www.montvalechamber.com **To pay by check:** Send a check made payable to The Montvale Chamber of Commerce 12 DePiero Drive, Montvale NJ 07645 Regardless of payment method used, please **make sure to send a copy of your membership form** to: info@montvalechamber.com |

# BUSINESS AND INSURANCE REGISTRATION FORM

Pursuant to the requirements of N.J.S.A. 40A:10A-1 and N.J.S.A. 40A:10A-2, all owners of businesses and multi-family properties located in the Borough of Montvale must annually file a certificate of insurance with the Borough Clerk's Office. This form must be filed by **January 31** of each calendar year, or within 30 days of registering the business or obtaining ownership of the rental units. Please check the box containing the applicable minimum limits and provide a copy of the certificate of insurance:

□ Owners of businesses:

Liability insurance for negligent acts and omissions in an amount of no less than $500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

□ Owners of multi-family properties containing five or more units:

Liability insurance for negligent acts and omissions in an amount of no less than $500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

□ Owners of multi-family properties containing four or fewer units, one of which is owner-occupied:

Liability insurance for negligent acts and omissions in an amount of no less than $300,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

**An annual registration fee of $50.00 is required**. Kindly make the check payable to the "Borough of Montvale" mail to 12 DePiero Drive, Montvale, NJ 07645

By submitting this form and signing below, I acknowledge that failure to file this form and a certificate of insurance that meets the above requirements by the filing deadline shall result in a monetary penalty as follows:

A. $500.00 for a first offense
B. $1,000.00 for a second offense
C. $2,000.00 for a third or subsequent offense

Signed: _____ Dated: _____

Print Name: _____ Business: _____