

**BOROUGH OF WOOD-RIDGE  
APPLICATION FOR A CERTIFICATE OF CONTINUED OCCUPANCY**

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Applicants name (Tenant) \_\_\_\_\_

Applicants address \_\_\_\_\_

Applicants phone number ( \_\_\_\_\_ ) \_\_\_\_\_

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Property owners name \_\_\_\_\_

Property owners address \_\_\_\_\_

- If applicant is not the property owner, attach proof that the property owner has granted permission for this application to be made.
  - Attach proof that the municipal taxes have been paid to date.
  - If applicable, attach a copy of the license from the Health Department.
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Site Address \_\_\_\_\_

Site Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Present use \_\_\_\_\_

Proposed use \_\_\_\_\_

Trade name \_\_\_\_\_

Days and hours of operation \_\_\_\_\_

Number of employees \_\_\_\_\_

Number and approximate times of deliveries per week \_\_\_\_\_

Number of Parking Spaces \_\_\_\_\_

List any flammable or hazardous materials to be stored or used on the premises:

ZONING

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

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

Signature Applicant \_\_\_\_\_

Fee of \$100 returned with signed application

Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

**BOROUGH OF WOOD-RIDGE**

**CERTIFICATION OF PAYMENT OF TAXES**

**TO ACQUIRE A CERTIFICATE OF OCCUPANCY (CO)**

The undersigned, Tax Collector for the Borough of Wood-Ridge, does hereby certify that property taxes for Block \_\_\_\_\_, Lot \_\_\_\_\_ on the tax map for the Borough of Wood-Ridge, also known as \_\_\_\_\_

\_\_\_\_\_ are paid in full up to and including the \_\_\_\_\_ quarter, 20\_\_\_\_, and that there are no outstanding charges pending.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Jacqueline Sharkey, CTC  
Tax Collector  
Borough of Wood-Ridge



# Police Department

BOROUGH OF WOOD-RIDGE  
WOOD-RIDGE, NEW JERSEY 07075  
(201) 939-0476

JOSEPH T. RUTIGLIANO  
CHIEF OF POLICE

## Business Information Form

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Owners name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Cellular Number:** \_\_\_\_\_

**Emergency Contact #1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Cellular Number:** \_\_\_\_\_

**Emergency Contact #2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cellular Number:** \_\_\_\_\_

**Emergency Contact #3 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cellular Number:** \_\_\_\_\_