

TEL : 201-641-4950
FAX : 201-641-6460

Building Department

MICHAEL LANDOLFI
CONSTRUCTION OFFICIAL
Mikebuilding@gmail.com



VILLAGE OF RIDGEFIELD PARK
234 MAIN STREET
RIDGEFIELD PARK, N.J. 07660

Welcome to the Village of Ridgefield Park. We wish you great success in your new business venture. The Village will try to assist you with all requirements needed in your new endeavor. The purpose of this outline is to give you a step-by-step procedure that you can follow, to obtain the required approvals quickly.

The following approvals are required before a BUSINESS CERTIFICATE can be issued:

1. Fill out Certificate of Business application. After completing the form, take the application to the **Police Department Traffic Bureau**, (201) 641-4950 x134 for the approval and signature. Next, the application goes to **Health Department**, Frank DiBenedetto (201) 641-4950 x108, for approval. The application then goes to the **Bureau of Fire Prevention**, Fire Marshal Peter A. Danzo, at 50 Main Street (201)440-2570, for signature.
2. The application is to come back to the Building Department for review by Jimmy Kim, **Zoning Officer**, to determine if the proposed business is a permitted use in a specific zone. The Zoning Review Fee is \$50.00 in a Check or Money Order form made payable to the Village of Ridgefield Park.

If you have any further questions, please contact the Building Department (201) 641-9221 x 4

BUILDING DEPARTMENT

Village of Ridgefield Park, New Jersey

Application for Certificate of Business

Use Group _____ Block _____ Lot _____ Date _____

Application is hereby made to the Building Department for a Certificate Of Business for the premises listed below. All provisions of the Building Code and Zoning Ordinance have been complied with.

Zone: _____

Applicant Signature

Name of Applicant: _____

Address: _____

Name of Proposed Business: _____

Address: _____

Owner of Premises: _____

Address of Owner: _____

Date of Occupancy: _____

Description of Premises: _____

Hours of Operation: _____

Number of Employees: _____

Emergency Phone and Names:

1. _____

2. _____

TO BE FILLED IN BY CONSTRUCTION OFFICER

APPROVED: _____

ZONING OFFICIAL -- JIMMY H. KIM

Police/Traffic Dept.

Health Dept.

Fire Marshal- Pete Danzo

ANY COMMENTS OR SUGGESTIONS, PLEASE NOTE IN SPACE BELOW, INITIAL AND DATE.

APPROVED: _____

CERTIFICATE No. _____

DATE: _____

Construction Official- Michael Landolfi



Ridgefield Park Police Department

234 Main Street
Ridgefield Park, NJ 07660
201-641-6400



BUSINESS FILE INFORMATION

Business Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Owner(s) / Manager(s):

Name: _____ Name: _____

Address: _____ Address: _____

City, State: _____ City, State: _____

Telephone: _____ Telephone: _____

Emergency Contacts: (in order of priority)

1. Name: _____ Telephone: _____

Cellular: _____

2. Name: _____ Telephone: _____

Cellular: _____

3. Name: _____ Telephone: _____

Cellular: _____

Alarm Service: Yes () No () (check one)

If Yes: Name: _____ Telephone: _____

Address: _____ City: _____

Surveillance Camera: Yes () No () (check one)

If Yes: Exterior () Interior () Interior and Exterior ()

**Please Fax or Mail this form to the Ridgefield Park Police Department
201-641-6612 or 201-440-3395**