



**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 Certificate of Occupancy can be issued:

1. Fill out Certificate of Occupancy 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 Marshall 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 Ed Ballard, **Zoning Officer**, to determine if the proposed business is a permitted use in a specific zone.

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

**BUILDING DEPARTMENT**  
**VILLAGE OF RIDGEFIELD PARK**  
*Application for Business Certificate of Occupancy*

Use Group \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Date \_\_\_\_\_

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

Zone: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_

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

Date of Occupancy: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_  
Square Footage: \_\_\_\_\_

Hours of Operations: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Emergency Phone and Names

1. \_\_\_\_\_

2. \_\_\_\_\_

=====

TO BE FILLED IN BY CONSTRUCTION OFFICER

\_\_\_\_\_  
Police/Traffic Dept.

\_\_\_\_\_  
Health Dept.

\_\_\_\_\_  
Zoning Officer, Ed Ballard

\_\_\_\_\_  
Fire Official, Peter A. Danzo

Signature acknowledges only the application of C.O., but not constitute an acceptance of any particular use of any inspections.  
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, N.J. 07660  
Tel: (201) 641-6400  
Fax: (201) 440-3395  
Edward Rose  
Chief of Police



**Business File Form**

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Telephone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**Email or Web Address** \_\_\_\_\_

**Owner/Manager**

Name: \_\_\_\_\_

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

City-State \_\_\_\_\_

Tel# \_\_\_\_\_

Title: \_\_\_\_\_

**Owner/Manager**

Name: \_\_\_\_\_

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

City-State \_\_\_\_\_

Tel# \_\_\_\_\_

Title: \_\_\_\_\_

**Contacts-** (Names will be contacted in order listed below)

**Contact: Name:** \_\_\_\_\_

**Tel#** \_\_\_\_\_

**Cell#** \_\_\_\_\_

**Contact: Name:** \_\_\_\_\_

**Tel#** \_\_\_\_\_

**Cell#** \_\_\_\_\_

**Contact: Name:** \_\_\_\_\_

**Tel#** \_\_\_\_\_

**Cell#** \_\_\_\_\_

**Contact: Name:** \_\_\_\_\_

**Tel#** \_\_\_\_\_

**Cell#** \_\_\_\_\_

**Alarm: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If Yes:**      **Alarm Co. Name** \_\_\_\_\_  
                  **Address** \_\_\_\_\_  
                  **Telephone** \_\_\_\_\_

**Fax or mail form to Ridgefield Park Police Department**  
**Attention Lt. C. Thibault**