



Borough Of Montvale

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

Planning Board Use Permit Application

Instructions:

1. Answer all questions on this application form
2. Return to the Planning Board Secretary:
 - Three (3) completed applications with original signatures on each
 - Seventeen (17) photocopies of the completed and signed application
 - [Filing Fee](#) (Zoning Ordinance Section 128-8.6H)
3. After submission, the applicant will be advised by the Board Secretary as to when this matter will be heard by the Montvale Planning Board
4. 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.
5. Taxes must be current on property in question in order for this application to be heard
6. 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)

Name, current address and phone number of the applicant (or tenant):

- 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: _____ 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
- _____

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. Intended 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 the 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

Jeremy Abrams
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@montvale.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 xray 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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
NAME	
COMPANY	
ADDRESS 2	
ADDRESS 3	
TOWN/CITY	
ZIP CODE	
JOB TITLE:	

MAIN TELEPHONE	
WORK TELEPHONE (if different)	
HOME TELEPHONE	
MOBILE PHONE	
PRIMARY EMAIL	
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	<input type="checkbox"/>
	On-Line Membership see website www.montvalechamber.com		<input type="checkbox"/>
PAYMENT METHOD	<input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> 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: _____

Web-Site: _____

Please indicate if you would be willing to serve on a Chamber of Commerce committee:

Yes Not at this time

Is there a specific committee you would like to serve on? _____

Signature: _____

Date: ___/___/___

To pay online: Go to www.montvalechamber.com

To pay by check: Send a check made payable to The Montvale Chamber of Commerce 12 Mercedes Drive, Montvale NJ 07645

Regardless of payment method used, please **make sure to send a copy of your membership form** to: info@montvalechamber.com