



TOWNSHIP OF UNION

IN THE COUNTY OF UNION

BUILDING DEPARTMENT

1976 MORRIS AVENUE

UNION, NEW JERSEY 07083

908-851-8509

908-851-4677 FAX

amonguso@uniontownship.com

Anthony Monguso, Construction Official

Application for Certificate of Continued Occupancy Commercial

Block _____ Lot _____

Name of Business _____

Business Address _____

Business Phone No. _____

Tenant's Name _____

Home Address _____

Home/Cell Phone No. _____

Email Address _____

Previous Use _____ Intended Use _____

Type of business _____

Signature of Applicant & Date

1. **\$250.00 fee by credit card, check or money order ONLY!**
2. See **Fire Department** for inspection
3. Food/Hair Salon/Nail Salon applicant see **Health Department**

Office Use Only

Description: _____

Use Group _____ Approved _____ Denied _____

Construction Official _____ Date _____



TOWNSHIP OF UNION FIRE DEPARTMENT
FIRE PREVENTION BUREAU
1 BOND DRIVE
UNION, NEW JERSEY 07083
Email: Ufd-fireprevention@uniontownship.com
Gregory Ricciardi, Fire Chief
Phone: (908) 851-5420 Fax: (908) 851-5423

Orlando Guzman, Fire Official Phone: (908) 851-5422

Site Survey Form *(Print legibly or type)*

Address: _____ Suite/Apt: _____
Business or Company Name: _____ Sq. Footage: _____
Phone number: (____) _____ - _____ Total Number of Apts.: _____
Email address: _____

Emergency Contact Information

1st person: _____ (____) _____ - _____
2nd person: _____ (____) _____ - _____
3rd person: _____ (____) _____ - _____

Business or company owner

Name: _____
Address: _____ Suite/Apt: _____
Phone number: (____) _____ - _____
Email Address: _____

Building Owner

Name: _____
Address: _____
Phone number: (____) _____ - _____
Email address: _____

Property Info *(Location of)*

Fire Department Connection: _____	Electrical Panel: _____
Sprinkler system: _____	Gas Shut Off: _____
Standpipe: _____	Knox Box Location: _____
Fire pump: _____	Solar Panel: _____
Alarm Panel: _____	Heating Unit: _____
Truss Roof: _____	Cooling Unit: _____
Generator: _____	Elevator: _____
Special Hazards: _____	

TOWNSHIP OF UNION POLICE DEPARTMENT
BUSINESS ALARM/EMERGENCY INFORMATION FORM

Trade Name of Business: _____
Address of Premise: _____
(List each building): _____

Nearest Cross Street: _____

Business Phone # _____ Business Fax # _____

Type of Business: _____

Hours of operation: _____

Is this a non-profit organization ____YES ____NO (no fee required for non-profit)

Corporate Central Office: _____
Address: _____
Name & Title of Responsible
Company Official: _____

EMERGENCY CONTACT INFORMATION

#1. Name: _____
Address: _____

Phone #1 _____ Phone #2 _____

#2. Name: _____
Address: _____

Phone #1 _____ Phone #2 _____

#3. Name: _____
Address: _____

Phone #1 _____ Phone #2 _____

Signature: _____ Date: _____

FOR DEPARTMENTAL USE ONLY

Ck. to Admin: _____ Logged In/by: _____ Permit Sent: _____

ALARM INFORMATION

Please check box if applicable

I Do Not Have an Alarm - (No Fee Required if you do not have an alarm.)

1. Brand of Equipment: _____

2. Type of alarm (Check all that apply)

Intrusion Hold-Up/Panic Fire Medical

3. Name of Central Station: _____

Address: _____

Phone: () _____

4. Is alarm: Audible Silent 5. Auto Reset yes no

**ALL AUDIBLE ALARMS MUST HAVE A
15 MINUTE RESET
EXCLUDING FIRE ALARMS**

6. Alarm Maintained by: Name: _____

Address: _____

Phone: _____

7. Additional Security Measures in Force:

Dog(s) on Premises _____ Guard Service _____

ALL FIRE SUPPRESSION AND DETECTION SYSTEMS ARE REQUIRED TO BE TESTED ANNUALLY. SUBMIT ALL TEST REPORTS TO THE FIRE PREVENTION BUREAU AT 1 BOND DR. UNION NJ 07083 (NJAC 5:70-3.2 (A) 901.6)

FEE: \$10.00 Make check (for each alarm) payable to Township of Union

Mail with this completed form to:

TOWNSHIP OF UNION POLICE DEPARTMENT
981 Caldwell Avenue
Union, NJ 07083
ATTENTION: Alarm Enforcement Unit

\$10.00 fee is per alarm system and not per building
