



**BOROUGH OF MANVILLE**

**OFFICE OF ZONING**

325 North Main Street  
Manville, New Jersey 08835  
(908) 725-9478

**COMMERCIAL ZONING CCO APPLICATION**

PROPERTY OWNER INFORMATION

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Date: \_\_\_\_\_ Present Use Class: \_\_\_\_\_

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

Owner in Fees: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**ALL OF THE ABOVE INFORMATION MUST BE COMPLETED!**

NEW COMMERCIAL/BUSINESS OWNER INFORMATION

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

Type of Business: \_\_\_\_\_ New Use Class: \_\_\_\_\_

Owner in Fee: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**ALL OF THE INFORMATION MUST BE COMPLETED!**

Signature: \_\_\_\_\_  
Owner/Agent

OFFICE USE ONLY

Application: APPROVED / DENIED Date: \_\_\_\_\_ Zoning Official: \_\_\_\_\_

FEE: \$ 25.00 Fee Paid \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_



**BOROUGH OF MANVILLE  
BUREAU OF FIRE SAFETY**  
325 NORTH MAIN STREET  
MANVILLE, NJ 08835  
P: (908) 725-9478  
F: (908) 725-2471



### FIRE SAFETY REGISTRATION FORM

**\*\* DO NOT SEND THE REGISTRATION FEE WITH THIS FORM \*\***

**Business Name:** \_\_\_\_\_  
(If Corporation or LLC. Provide Name)

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

Do you . . . Own or Lease the property (Circle One)

**Building Owner's Name:** \_\_\_\_\_

**Federal I.D. Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

SAME

**Business Owner's Name:** \_\_\_\_\_

**Federal I.D. Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Business Type:**  Individual  Partnership  Corporation  Government

Other  Cooperative  Condominium  LLC.

**Emergency Contacts:**

#1: \_\_\_\_\_ Phone #: \_\_\_\_\_

#2: \_\_\_\_\_ Phone #: \_\_\_\_\_

#3: \_\_\_\_\_ Phone #: \_\_\_\_\_



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Business Building: Block/Lot: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Height of Building: \_\_\_\_\_ Square Footage/Area Business occupies: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_

Business Use Description: \_\_\_\_\_  
\_\_\_\_\_

Special Hazards: \_\_\_\_\_  
\_\_\_\_\_

Fire Alarm Monitoring Company: \_\_\_\_\_

Phone: \_\_\_\_\_ System Description: \_\_\_\_\_

I hereby acknowledge that I have read this application that the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and as such hereby agree to comply with the applicable requirements of the New Jersey State Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Marshal.

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Title Date

\*\*\*\*\*

**For Local Enforcing Agency Use Only**

Local Registration Number: \_\_\_\_\_ Date Registered: \_\_\_\_\_

UCC Use Group: \_\_\_\_\_ UFC Use Group: \_\_\_\_\_ Local Ordinance Code: \_\_\_\_\_

LEA Registration Fee: \$ \_\_\_\_\_ Occupancy Load: \_\_\_\_\_

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