

**Borough of Bound Brook**  
**Department of Code Enforcement**  
**Commercial/Change of Tenancy/New Business Permit Application**

Zoning Official – Leticia Rodriguez Phone: (732) 356-0833 ext. 641 [email:lrodriguez@boundbrook-nj.org](mailto:lrodriguez@boundbrook-nj.org)

**Commercial Zoning/CHANGE OF TENANCY/NEW BUSINESS Permit Application**

- **A Zoning Permit** is required as a condition precedent to the commencement of a use or the erection, construction, reconstruction, alteration, conversion or installation of a structure or a building
- **A Zoning Permit acknowledges that such use, or proposed use, structure or building complies with the provisions of all land use/zoning ordinances/codes of the Borough or an approved variance there from the duly authorized Land Use Board.**
- **Any misleading, false, or inaccurate information will lead to a denied application or revocation of any permit issued under misleading, false, or inaccurate information.**
- **All required information and PAYMENT must be received BEFORE the application is deemed valid and submitted. Once and application is reviewed and a decision is made, approved permits or denial letters will be emailed to the applicant.**

**Starting or Continuing a Business in the Borough of Bound Brook**

If you are opening up a new business in the Borough OR you are taking over an existing business in **ANY COMMERCIAL SPACE** you must **FIRST** – Download and review the Borough of Bound Brook Business Information Packet and sign that you have read it. Next you will fill this form out in its entirety pay all required fees then: – **NOTE there are 3 separate applications below – 1 for Zoning, 1 for Fire Prevention and 1 for the Police Department.**

- 1) Meet with the Zoning Department to review:
  - a. Zoning Permit/ Borough Business Registration Application (PAGE 2)
  - b. Fire Bureau Registration application (PAGE 3)
  - c. Police Department alarm registration (PAGE 4 & 5)
  - d. Review copy of Borough Sign ordinance – (PAGE 6)
  - e. Health form or any required license/permit application from (to be obtained at meeting with Zoning Official)
  - f. Acknowledge receipt and review of the Borough of Bound Brook New Business Information Packet
  - g. Review information on the CCCO process
- 2) Obtain an Approved Zoning Permit\* – The Zoning officer will review with you what you will be doing and check to see if the USE is permitted in the Zone. **You must do this even if you are taking over an existing business and maintaining it as the same type of business – NO EXCEPTIONS** NOTE: If your business model is approved you CANNOT change (or add to) the business type without additional approval from the Zoning Officer – Example – Your apply for and successfully open a hair salon then you want to add clothing sales – you MUST re-apply to the Zoning Official.
- 3) Schedule a CCCO inspection – If the business is to take place in ANY existing commercial space within the Borough, you must have a Certificate of Continued Commercial Occupation inspection. This inspection MUST take place before any changes or renovations take place within the commercial space. You may not open for business prior to this inspection. You may not make any changes in the unit prior to this inspection. This includes but is not limited to not making any changes to counters, moving display cases or racks, any plumbing, electric of associated fixtures. The construction official will review your plans for the interior and inform you if architectural drawings and building permits will be required.
- 4) If there are to NO changes you may proceed to obtaining any necessary licenses and/or permits from the Borough Clerk or Health Division (i.e. food, vending, massage, etc.).
- 5) If ANY changes are to be made, you MUST obtain all required permits. This may, depending on the work to be done, require architectural drawings. All construction work must be completed and approved by the appropriate sub-code official.
- 6) After all work is completed on the Unit, you must schedule a fire inspection with the Borough Fire Marshal.
- 7) The business will be **permitted to open only** when ALL final inspections are concluded and you have obtained:
  - a. An approved Zoning Permit
  - b. An approved CCCO or CO from the Construction official
  - c. All necessary approved licenses or permits form the Clerk’s office or Health Division (including final inspections)
  - d. Acknowledgement of registration with the Borough Fire Marshal & the Bound Brook Police Department

**Borough of Bound Brook - Zoning Permit Application** **NOTE: Fields outline in RED must be filled in**  
**Cost for Change of Tenancy - \$415 (Plus Fire Bureau Registration Application Rate-TBD)**  
**(\$100 – Commercial Zoning Permit; \$300 – CCCO Inspection – Police Department Alarm Registration)**

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

**Check One:**  Physically located at address above  Mobile  Seasonal  Home Based

**Describe in detail the former / present use:**

**Describe in Detail the proposed use (If home based – list number of employees & square footage or home to be used):**

**Business Registration Information**

Name of Business (DBA) \_\_\_\_\_ Former Business (DBA) \_\_\_\_\_

Business email: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Cell: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**If Mobile#1:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

**If Mobile#2:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

**If Mobile#3:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

Business Hours of Operation (list days and hours open) – If Mobile, list route(s) & days/hours of operation

I hereby acknowledge that I have read and will comply with all aspects of the Borough of Bound Brook Business Information Packet and that the information given on this application is accurate and correct. I hereby acknowledge that I am the owner or duly authorized to act in the owner's behalf, and such hereby agree to comply with the applicable requirements, ordinances and regulations of the Borough of Bound Brook, as well as all Federal and State laws and regulations.

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

\_\_\_\_\_  
Date

# Borough of Bound Brook – Office of Fire Prevention

Borough Fire Marshal – Erik Mickelsen

Registration of Business for Fire Marshal - **NOTE: Fields outline in RED must be filled in**

The Uniform Fire Code states: The owner of all businesses, occupancies, buildings, structure, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a Violation of this Ordinance for any owner to fail to return such forms to the Local enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Check one:

Own

Lease

Name of Business (DBA) \_\_\_\_\_ Former Business (DBA) \_\_\_\_\_

Business email: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Cell: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Type (check one)

  

Individual

Government

  

Partnership

Condominium

  

Corporation

Cooperative

Other \_\_\_\_\_

Alarm/Suppression System Information:

Describe System: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_

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

Description of use/Occupancy of this building/business

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 such hereby agree to comply with the applicable requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.

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

\_\_\_\_\_  
Date



# Bound Brook Police Department

226 Hamilton Street  
Bound Brook, NJ 08805  
Phone: (732) 356-0800 Fax: (732) 563-0320

Vito A. Bet  
Chief of Police

Captain Kevin Rivenbark  
Lt. Richard S Colombaroni

Lt. John Mazuera

## ALARM / BUSINESS REGISTRATION FOR THE BOUND BROOK POLICE DEPARTMENT

**NOTE: Fields outline in RED must be filled in**

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Name of Business (DBA) \_\_\_\_\_ Former Business (DBA) \_\_\_\_\_

Business email: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Cell: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Hours of Operation (list days and hours open):

Business Type: \_\_\_\_\_

Alarm Type (check all that apply)  Burglar  Automatic Hold-Up  Audible Alarm

Manual Hold-Up  Silent Alarm  Other

Alarm automatically shuts off \_\_\_\_\_ Resets in \_\_\_\_\_ minutes (Alarm must shut off or reset within 15 minutes)

Name of Alarm company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Monitoring company: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm description, activation points, interior / exterior audible, etc.:

**ALARM / BUSINESS REGISTRATION FOR THE BOUND BROOK POLICE DEPARTMENT (continued)**

Name, Address & Phone Numbers of three (3) persons to be contacted in case of activation / emergency who are familiar with the alarm system, have keys and / or passwords that can respond in a reasonable amount of time.

1)

2)

3)

List any hazards or animals on the property (or type NONE):

List any additional information the BBPD should be aware of (or Type NONE:

**Reminder, per Borough ordinance, if there has occurred any material change in the information previously submitted with respect to any alarm system by the alarm user, it shall be the duty of the alarm user, within 10 days of such material change, to file a supplemental or revised registration containing accurate, current information.**

**A new homeowner, occupant or user possessing or using an alarm system shall be responsible for notifying the Borough Clerk and submitting a new registration, within 30 days of his, her or its purchase and/or transfer of title of the property.**

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 such hereby agree to comply with the applicable requirements of the Borough ordinances as well as any specific conditions imposed by the Bound brook Police Department.

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

\_\_\_\_\_  
Date

**Print and sign all 3 applications. You may scan and email signed applications to the Zoning Official at - [email:lrodriguez@boundbrook-nj.org](mailto:lrodriguez@boundbrook-nj.org)**

**Your Application will NOT be deemed submitted until you have reviewed this document with the Zoning Official and paid all applicable fees.**

**Borough of Bound Brook  
Department of Code Enforcement  
Commercial Zoning SIGN Permit Application**

Zoning Official – Leticia Rodriguez Phone: (732) 356-0833 ext. 641 email:lrodriguez@boundbrook-nj.org

**Commercial Zoning SIGN Application**

Name of Business (DBA) \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business email: \_\_\_\_\_  
Business Owner Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Sign Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**NOTE: Cost associated with permit fee MUST be paid before application is reviewed:**

**Commercial Zoning Sign Permit - \$100**

**For Commercial Zoning SIGN Permit**

**NOTE: Proposed signs will need approval from the Architectural Review Committee (ARC)**

**List in detail – Describe below what the sign is for. The total number of signs. Location of each sign. Size specification for each sign. Lighting specification for each sign. Mounting details for each sign. Color palette for each sign. You MUST upload copies of artwork and all specification related to the sign and its installation.**

I hereby acknowledge that the information given on this application is accurate and correct. I hereby acknowledge that I am the owner or duly authorized to act in the owner’s behalf, and such hereby agree to comply with the applicable requirements, ordinances and regulations of the Borough of Bound Brook, as well as all Federal and State laws and regulations.

\_\_\_\_\_  
Applicant Signature Date

Your Application will NOT be deemed submitted until you have reviewed this document with the Zoning Official and paid all applicable fees.  
You must print sign/date and submit this form to Zoning