

Date Received _____

Check # _____

Borough of Bernardsville

Application for Change of Use/ Occupancy

Block _____ Lot _____

Address _____

Building Owner Information

Tenant Information

Name _____

Name _____

Address _____

Address _____

Tel. _____ Fax _____

Tel. _____ Fax _____

Previous Tenant/ Owner _____ Use Group _____

Description of Use _____

New Tenant/ Owner _____ Use Group _____

Description of Use _____

Total Occupied Square Footage _____

Do you plan to change the layout of the space? Yes / No

Do you plan on doing any construction work? Yes/ No

I hereby attest that all the information on this form is true and correct.

Signed

Date

Title/ Relationship to This Application

Zoning Officer _____

Construction Official _____