

ZUNING CERTIFICATE						
Approved by Zoning Official 3/30/202	22	<b>Zoning District: B-3</b>				
Block: 3 Lot:21.01 Address: 36 S. Rea Avenue						
Property Owner: Airmont Acres LLC Property Owner Address: 36 S. Rea Ave	e, Midland Park, NJ 07432					
Name of Occupant: Freedom Glass and Phone: 201-474-7660 Email Address: Info@FreedomGlassMin Emergency Contact: Brian Schwarz Phone: 201-873-6898						
Previous Tenant: Shuart Contracting						
This is to certify that the above-describe or for: GLASS & MIRROR BUSINES	d premises together with any building there	eon, are used or proposed to be used as				
Which is a:						
☐ Valid nonconforming use as esta undersigned Zoning Officer on the	blished by $\square$ finding of the Zoning Board the basis of evidence supplied by the application of a detailed statement of all aspects of	of Adjustment, or □ by the ant as specified on the reverse hereof.				
Total Square Footage: 632 Unit Square Footage: 632 Unit #: REAR Unit						
Parking: ⊠ Adequate □ Inadequate Plan on file: ⊠ Approved Site Plan □ Pa	arking Schematic					
A separate permit is required for any 1 If there is a Knox Box on site – No exte	new construction, alteration, alarms, or strior keys/locks may be changed without	signs (neon signs prohibited). first consulting the fire official.				
	Mal Juno	4/1/22				
	Zoning Officer	Date				

**MPPD MPFD Fire Prevention** Construction Board of Health (if applicable)

## **Zoning Certificate Checklist**

1.	Is the property located in the I-1 or I-2 Zone? Yes No V.					
2. 3.	, , , , , , , , , , , , , , , , , , , ,					
4.						
5.						
٥.	5. Is there an increase in the parking requirements for the proposed over the previous use?  Yes No .					
6.						
7.						
	Yes No					
8.	8. If the answer to question #7 is no, an application must be made to the Zoning Board for a Parking					
	variance.					
9.	9. Is there an accurate site plan, existing conditions plan, or an As-Built drawing on file, approved by the					
	Planning Board or Zoning Board? Yes No					
NAME	If the property is in the I-1 or I-2 zone, the applicant must submit a plan and parking analysis to the Planning Board for approval.  If the property is in the B-1, B-2, or B-3 Zone, the zoning officer at his discretion, may approve the plan and parking analysis for the purposes of issuing the Zoning Certificate.  OF APPLICANT FREEDOM GLASS MIRROR BRIDGE BRIAN SCHWARZ  SS 36 S. REA AVE BLOCK 3 LOTAL ZONE R-3					
PREVIOUS TENANT SHUART CONTRACTING PREVIOUS USE OFFICE & STORAGE						
UNIT# REAR AREA Sq. Ft. 632 PROPOSED USE GLASS & MIRNOR BUSINESS						
CHANGES						
RELOCATION? PHONE 201-474-7660 EMAIL INFOC FREEDOM GLASS MIRROR. Com						
DATE 3 30 35 ZONING OFFICIAL Mal Sund APPROVED - Yes No						
BOARD OF HEALTH APPROVAL REQUIRED? - Yes No						
UCC USE GROUP: PREVIOUS USE $B$ PROPOSED USE $B$ CCO REQUIRED? $No$						

## **APPLICATION FOR ZONING CERTIFICATE** FOR NON-RESIDENTIAL LISE

RECEIVED AT BORD OF MID! AND PARK

\$100 APPLICATION FEE		ODENTIAL COL	IVIE 3	0 2022
PAYABLE TO "BOROUGH OF MIDLAND PARK"  280 Godwin Avenue  Borough of Midland Park, NJ 07432				
Cash Check#(AS)	Borough of Mid	and Park, NJ 0/432	BUILDIN	IG DEPT.
Cash Check#(AS)			- The second second	
STREET ADDRESS OF PROPERTY:		ZONE:	BLOCK:	LOT:
36 S. Pea Ave Mid	land Park	B3	5	21.01
NAME OF OCCUPANT: **	AREA OF BLDG S		UPANT- SQ.FT.	SECTION OF BLDG.
FREEDOM CLASS AND MIRRO	R 632			REAR
SOLE PURPOSE OF OCCUPANY/PLANNED USE (IN	CLUDING PRODUCTS	OR SERVICES SOLD/MANUFA	ACTURED):	RVICE
WINDOW REPAIR. WAS		ERGR INSTALLA		
PREVIOUS TENANT, IF APPLICABLE:	+			
NAME OF APPLICANT - IF A CORPORATION, NAME	AND ADDRESS OF IN	NDIVIDUAL MAKING APPLICAT	TION:	
			<b>&gt;</b> 1	
APPLICANT'S ADDRESS:	N ST. W	IIDLAND PARK	FFO TW.	32
APPLICANT'S PHONE: (25)	F-MA	IL: INFORFREE	20MCJASSY	MIRROR-CON
NAME OF OWNER OF BUILDING:	ADDR	RESS OF OWNER:		
Virmont Acres 1/2	36	S. Rea Ave	m. P.	
CERTIFICATION THAT ALL CONDITIONS OF SITE PL	AN AND BUILDING B	EDMIT HAY/E DEEN MET.	DE 11 8	A
SERVINGATION THAT ALL SOMBITIONS OF SITE PL	LAN AND BUILDING F	ERIMIT HAVE DEEN MET.	(PROPERTY OWN	IER SIGNATURE)
	IST OF ALL OTHER O	CCUPANTS OF BUILDING	•	
Name:	OF ALL OTHER O	Type of Business:		
	,			
Incoming Shipments TYPE CONVEYAN	NCE PR	RODUCT	COMMENT	s
Number Weekly: 6-1 RACK TRU			- Comment	<u> </u>
Outgoing Shipments				
Number Weekly:				
NUMBER OF PEOPLE: NUMBER	R OF DAILY CUSTOME	RS/VISITORS: WILL	YOU DEAL WITH THE G	ENERAL PUBLIC?
Min 1 Max 3 0-4	BY APPOIL	TMENT	YES	NO
	/ / _			_
HOURS OF OPERATION: From 2:30	To 5:0	NUMBER OF DAY	S OPEN WEEKLY:	5
GALS. WATER USED: WA	EXTENT OF NOISE:	MINIMAL WO	SE	
	EXTENT OF NOISE.		1	
FUMES OR ODORS:		OTHER NUISANCES:	AV	
ANY FLAMMABLES OR EXPLOSIVES USED OR STOR	RED? NO	YES	r .	`
IF YES, EXPLAIN SUVENTS . A	PHENYE	CLEANBRE	LA FEW CA	NS)
PROPOSED PERIOD OF OCCUPANCY: FROM	04/01/25	2 <b>to</b> 6	4/01/23	/
Note: A SIGN PERMIT IS REQUIRED FOR ANY NEW SIGN PROHIBITED	GNS OR SIGN CHÂNG	ES – FLAGS AND BANNERS A	LSO REQUIRE PERMITS	S. NEON SIGNS ARE

\*\* EACH OCCUPANT MUST HAVE ITS OWN CERTIFICATE OF OCCUPANCY. IF YOU VACATE, THE NEW OCCUPANT WILL REQUIRE A NEW CERTIFICATE

APPLICANT SIGNATURE