

Department of Public Works



CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
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FELIX E. ROQUE, MD
MAYOR

MANUEL FERNANDEZ
CONSTRUCTION OFFICIAL
ZONING OFFICER

COMMERCIAL PROPERTY TRANSFER OF TITLE CERTIFICATE INSTRUCTIONS

1. APPLICATION **MUST BE FILLED OUT IN ITS ENTIRETY** OR IT WILL BE REJECTED PENDING ADDITIONAL INFORMATION. IF A QUESTION DOES NOT APPLY, THEN WRITE "N/A" IN THAT SPACE.
2. PLEASE MAKE MONEY ORDER OR CASHIER'S CHECK ONLY IN THE AMOUNT OF **\$200.00** PAYABLE TO THE **TOWN OF WEST NEW YORK. NO PERSONAL or BUSINESS CHECKS WILL BE ACCEPTED.**
3. MUST BE ORIGINAL FORM (NO COPIES ACCEPTED) AND MUST HAVE ORIGINAL NOTARY SIGNATURES

Today's Date: _____ Anticipated Closing Date: _____

PROPERTY INFORMATION

Property Address: _____

Property Currently Used As: _____

Is the property vacant: **YES or No**

If yes, what is your anticipated use for the property: _____

Have you received any variance from the WNY BOARD OF ADJUSTMENT OR WNY PLANNING BOARD: **YES or NO ?** If yes, what is the resolution number and date of the resolution: _____

If same IS NOT VACANT, what is the name of the current business that is operating out of this property: _____

Type of business: _____

Are there any Curb Cuts: _____ Loading Zones: _____

Current signage at the property: Awning _____ Wall Sign _____ Banners _____

Are There Any Open Permits On This Property? Yes or No Permit Number: _____

BUSINESS OWNER INFORMATION

Business Owner's Name: _____

Business Owner's Address: _____