

MAYOR  
ALBIO SIRES | PUBLIC SAFETY

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VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY  
MARIELKA A. DIAZ | PUBLIC AFFAIRS  
MARCOS A. ARROYO | PUBLIC WORKS

**CODE ENFORCMENT/BUILDING DEPARTMENT**

THOMAS O'MALLEY | CONSTRUCTION OFFICIAL  
TOMOMALLEY@WESTNEWYORKNJ.ORG  
O. 201.295.5170

**TOWN OF WEST NEW YORK**  
COUNTY OF HUDSON, NEW JERSEY



**MUNICIPAL BUILDING**  
428-60<sup>th</sup> STREET  
WEST NEW YORK, NEW JERSEY 07093  
(201).295.5100

OFFICE LOCATIONS  
PUBLIC LIBRARY 425-60<sup>th</sup> STREET  
(201).295.5135  
SENIOR CENTER 515-54<sup>th</sup> STREET  
(201).295.5162/5144  
FIRE PREVENTION 6015 TYLER PLACE  
(201).295.5220  
PUBLIC WORKS 6300 BROADWAY  
(201).295.5230/5231  
PARKING SERVICES 224-60<sup>th</sup> STREET  
(201).295.1575  
WEST NEW YORK, NEW JERSEY 07093

**MIXED USE**  
**OWNER CERTIFICATE**

**FEE: \$400.00 + \$50.00 EACH RESIDENTIAL UNIT - PAYABLE TO TOWN OF WEST NEW YORK.**

Today's Date: \_\_\_\_\_ Anticipated Closing Date: \_\_\_\_\_

**PROPERTY INFORMATION**

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

Property Currently Used As: \_\_\_\_\_

# of units: RESIDENTIAL \_\_\_ COMMERCIAL \_\_\_ INDUSTRIAL \_\_\_ BUSINESS \_\_\_

Is the property vacant: **YES or No** If NOT VACANT, what is/are the name of the business(es) operating out of this property?: \_\_\_\_\_

Type of business(es): \_\_\_\_\_

Current signage at the property: Awning \_\_\_\_\_ Wall Sign \_\_\_\_\_

**PRESENT OWNER INFORMATION**

**Present owner of property as appears on deed. If Corp. list full name of C.E.O  
LLC's Must Include Actual Name of Manager/Principal or application will be rejected**

PRESENT OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Daytime phone # of PRESENT OWNER: H: \_\_\_\_\_ C: \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

**LLC's Must Include Actual Name of Manager/Principal or application will be rejected**

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

Business Owner's Address: \_\_\_\_\_

Business Owner's Telephone Number: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*The Town of West New York is proud to be a drug free workplace and an equal opportunity employer.*

MIXED USED OWNER CERTIFICATE 6-21-23



[www.westnewyorknj.org](http://www.westnewyorknj.org)

**#WEAREWNY**



**PURCHASER'S INFORMATION**

**Purchaser of property as it will appear on deed. If Corp. list full name of C.E.O  
LLC's Must Include Actual Name of Manager/Principal**

PURCHASER'S NAME: \_\_\_\_\_

PURCHASER'S COMPLETE ADDRESS: \_\_\_\_\_

Telephone # of PURCHASER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PERSON WHO BE AT THE INSPECTION AND TELEPHONE NUMBER:

NAME: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**\*APPLICATION MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED**

\_\_\_\_\_  
PURCHASER Signature

SWORN TO AND SUBSCRIBE TO  
ME BEFORE ON THIS \_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
PURCHASER Name (PRINT)

**PLEASE NOTE THERE WILL BE A \$50.00 REINSPECTION FEE FOR EACH  
ADDITIONAL INSPECTION.**

DO NOT WRITE BELOW THIS LINE

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Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Inspection Results: \_\_\_\_\_

( ) NFPA REPORT PROVIDE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_