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MARCOS A. ARROYO | PUBLIC WORKS

**CODE ENFORCEMENT/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

**APPLICATION FOR VARIANCE DENIAL LETTER**

**FEE: \$50.00 PAYABLE TO THE TOWN OF WEST NEW YORK  
MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE REJECTED**

DATE: \_\_\_\_\_

ADDRESS REQUESTING A VARIANCE: \_\_\_\_\_

**APPLICANT INFORMATION**

**(IF AN LLC, LIST FULL NAME OF PRINCIPAL OR SAME WILL BE REJECTED):**

Name: \_\_\_\_\_

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

Tele: \_\_\_\_\_ Email: \_\_\_\_\_

**OWNER INFORMATION**

Are you the property owner: ( ) Yes ( ) No If not, please state your relationship to the property: \_\_\_\_\_

PRESENT OWNER OF PROPERTY AS IT APPEARS ON THE DEED (IF AN LLC, LIST FULL NAME OF PRINCIPAL OR SAME WILL BE REJECTED):  
\_\_\_\_\_

ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**PROPERTY INFORMATION**

PRESENT PROPERTY DESCRIPTION: \_\_\_\_\_

DOES APPLICATION INVOLVE AN APARTMENT LEGALIZATION? ( ) YES ( ) NO

If yes, please speak with your attorney regarding additional requirements that are mandated by the State of New Jersey including the installation of fire prevention/protection equipment, which must be met before you can obtain a Certificate of Occupancy even if you obtain Board approval. INITIAL HERE \_\_\_\_\_ THAT YOU HAVE READ DATE: \_\_\_\_\_

If yes, is anyone currently living in the space that you seek to legalize? ( ) YES ( ) NO

If yes, have you received a violation notice ( ) YES ( ) NO If yes, VIOLATION #: \_\_\_\_\_

SEE PAGE 2

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

ORDINANCE 5/16 6-21-23



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

**#WEAREWNY**



WHAT IS YOUR INTENTION FOR THIS PROPERTY/BUSINESS?

\_\_\_\_\_

DESCRIBE PROPOSED PLAN IN DETAIL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU BEING REPRESENTED BY AN ATTORNEY: ( ) YES ( ) NO

If yes, please supply the name and telephone number: \_\_\_\_\_

\_\_\_\_\_

ARCHITECT NAME: \_\_\_\_\_

ARCHITECT TELEPHONE #: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE:

\*\*\*\*\*

**OFFICE USE ONLY**

BOA ( ) PB ( )

PERMISSION TO: \_\_\_\_\_

\_\_\_\_\_

ON PROPERTY LISTED ABOVE IS HEREBY DENIED AS IT DOES NOT COMPLY WITH THE REVISED  
GENERAL ORDINANCES OF THE TOWNSHIP OF WEST NEW YORK.

CHAPTER 414

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_