

**Borough of Paramus
Building Department
1 Jockish Square
Paramus, NJ 07652
Tel: 201-265-2100 Ext: 2230
Fax 201-265-5631**

Email: Building@paramusborough.org

APPLICATION FOR COMMERCIAL CONTRACTOR'S REGISTRATION

Contractor Number _____ Fee: _____ Date _____

Check # _____ Cash _____ Credit Card Yes _____ No _____

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL PHONE NUMBER: _____

Contractor: _____ Individual _____ Partnership _____ Corporation

Classification: _____ General Contractor _____ Roofing & Siding _____ Sign Contractor

_____ Sub-Contractor _____ Demolition Contractor _____ Other

INSURANCE CARRIER:

POLICY NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____

I certify that I (we) have read this application thoroughly and agree to conform with the provisions of all Local and State regulations concerning building construction.

Signature: _____

NOTE: Please submit a copy of the Declarations Page of your Company's Liability Policy along with a check for \$100. Contractor's Registration is to be renewed annually.