



# BOROUGH OF PARAMUS

## Building Department

1 Jockish Square

Paramus, NJ 07652

Tel: (201)265-2100 Ext. 2230

Email: [Building@paramusborough.org](mailto:Building@paramusborough.org)

### APPLICATION FOR COMMERCIAL CONTRACTOR'S REGISTRATION

Contractor Number \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTRACTOR:    \_\_\_ Individual                    \_\_\_ Partnership                    \_\_\_ Corporation  
CLASSIFICATION:    \_\_\_ General Contractor            \_\_\_ Roofing & Siding            \_\_\_ Sign Contractor  
                             \_\_\_ Subcontractor                    \_\_\_ Demolition Contractor        \_\_\_ Other

INSURANCE CARRIER NAME \_\_\_\_\_

INSURANCE CARRIER POLICY # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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 \$100 check payable to the Borough of Paramus  
CHAPTER 179-1 OF THE BOROUGH OF PARAMUS CODE**