

Borough of Bernardsville
Application for Change Ownership

Block _____ Lot _____

Business Address _____

Previous Owner: _____

Address: _____

Phone Number: _____

Email: _____

New Owner: _____

Address: _____

Phone Number: _____

Email: _____

I hereby attest that all information on this form is true and correct.

Signed

Date

Title/ Relationship to this Application

Office Use Only

Date Received: _____

Non-UCC Permit #: _____

Zoning Officer _____

Construction Official _____