



Non- Residential

Zoning Permit Application

Minimum requirements

A. COMPLETED ZONING APPLICATION

1. FILL IN Entire Zoning Permit
2. Application must be signed by BOTH the applicant and the owner of the property (landlord, homeowner, management company, etc.)
3. Briefly describe the work that is being conducted (#5)

B. THREE (3) COPIES OFFICIAL PROPERTY SURVEY/KEY MAP

1. Survey must be drawn to scale- not reduced or enlarged.
2. Survey must indicate property as it presently exists, showing all updates or improvements.
3. Survey must show all proposed work, also drawn to scale, indicating all dimensions and measurements.

C. THREE (3) COPIES OF REQUIRED CONSTRUCTION DRAWINGS.

1. Construction drawings must correspond with what is on the property survey or key map.
2. Two (2) copies will be stamped and returned to the applicant to be submitted to the Building Department for construction permits.

D. Non -RESIDENTIAL

*** All Additions, Expansions ,ETC. ***

1. All of the Above
2. FAR (Floor Area Ratio) Certification Sheet - signed & sealed.

E. PAYMENT IS DUE AT TIME OF RECEIPT OF APPLICATION

1. Check, Money Order, or Cash (EXACT CHANGE)
2. NO DEBIT OR CHARGE CARDS will be accepted.

Additional Information that may be needed:

- * Zoning or Planning Board Resolutions
- * Final Compliance letters
- * Engineering reports
- * Approvals from any outside agencies (Somerset Soil, etc.)

Incomplete Applications **WILL NOT** Be accepted. If you have any questions, you may reach our office at (908) 276-5802. Thank you



Borough of Kenilworth

567 Boulevard
Kenilworth , New Jersey 07033

ZONING PERMIT

APPL. NO: _____

DATE: _____

FEE: _____

BLOCK: _____ LOT: _____

PERMIT FEE: \$ 50.00

****COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE INSTRUCTION SHEET AND APPLICABLE FEES.****

TYPE OF APPLICATION

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Non-Residential structures ; SIGNS* | <input type="checkbox"/> New Non-Residential Structure Const. |
| <input type="checkbox"/> Industrial/Commercial New Business | <input type="checkbox"/> Certificate of Non-Conformity |
| <input type="checkbox"/> Wireless Tele Communications | <input type="checkbox"/> Change of Occupancy |
| <input type="checkbox"/> Other : Describe | |

**ALL SIGN PROPOSALS REQUIRE THE ADDITIONAL SIGN FORM TO BE COMPLETED & SUBMITTED WITH THIS FORM.
PLEASE PRINT CLEARLY**

1. Applicant's Name: _____ Tel. No. _____

Applicant's Address: _____

Email Address: _____

2. Property Owner's Name _____ Tel. No. _____

Property Owner's Address: _____

3. Location of property for which Zoning Permit is desired: Zone _____

Street Address: _____

4. Use of Property: Residential ; Commercial ; Office ; Industrial ; Other

Describe present use: _____

Describe proposed use: _____

Describe proposed construction, alterations, additions or changed at the subject site: _____



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5. Is a change of occupancy or tenancy involved in this application: Yes [] No []
If yes, describe _____

6. Has the subject premises been the subject of prior application to the Zoning Board of Adjustments or Planning Board to the applicant's knowledge. Yes [] No []
If Yes, state date: _____ Board _____ Resolution # _____
Disposition of Application: _____

ALL APPLICATIONS MUST BE SIGNED:

Applicant Signature Print Name Applicant

Property Owner Signature or Designated Agent Print Name (Owner)

=====

OFFICE USE ONLY:

Based on the information submitted and the requirements of the Borough Zoning Ordinance, your application for Zoning Permit is hereby:

APPROVED: _____ DENIED: _____

Comments on Decision: _____

Zoning Officer

Date



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IN ADDITION TO THE ZONING APPLICATION FOR A **NEW BUSINESS**, PLEASE PROVIDE THE FOLLOWING INFORMATION. THIS INFORMATION MAY BE PROVIDED

ON A SEPARATE DOCUMENT TO BE ATTACHED TO THE SUBMITTED ZONING APPLICATION.

- LEGAL NAME OF BUSINESS
- DETAILED DESCRIPTION OF BUSINESS
 - FOR EXAMPLE:
 - TYPE OF PRODUCTS TO BE STORED OR PROVIDED
 - ANY HAZARDOUS PRODUCTS
 - TYPE OF SERVICE
 - ETC.

- DAY SO OPERATION
- HOURS OF OPERATION
- NUMBER OF EMPLOYEES:
 - FULL-TIME
 - PART-TIME
- AVERAGE NUMBER OF CUSTOMERS ANTICIPATED IN BUILDING AT THE SAME TIME
- NUMBER OF AVAILABLE PARKING SPACES
- SQUARE FOOTAGE OF BUILDING
- THREE COPIES OF PROPERTY SURVEY



Non- Residential

KENILWORTH BOARD OF HEALTH
575 Boulevard, Kenilworth, NJ 07033
Tel. (908) 276-2740 Fax: (908) 276-4813
Kenilworth Board of Health and Environmental Protection



REMINDER

Contact Kenilworth's Health Department located at 575 Boulevard to obtain licensing paperwork or more information:

- 1) If intending to open or renovate a facility that sells and/or distribute any food and/or drink products by means of Retail, Restaurant, Vending Machine or Wholesale.
- 2) If opening a camp, daycare, or other facility, that involves regular supervision of children.
- 3) If opening a facility that can be described as a barber shop, beauty pallor, salon, or other like facilities that involves Tanning whether it be by lamp, or spray booth.
- 4) If opening or renovating a facility where the laundering of clothing occurs.
- 5) If desiring to provide accommodations for three or more roomers or lodgers.

This list may not be all encompassing and it is up to the business entity and/or enquiring individuals to check with the Board of Health to confirm compliance with Borough Ordinance, County Ordinance and State Law.