



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 \$100.00**

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: \$ 100.00

**\*\*COMPLETE APPLICATIONS MUST INCLUDE PLANS INACCORDANCE 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: \_\_\_\_\_



## ***Borough of Kenilworth***

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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 OF 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 parlor, 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.**