

# TOWNSHIP OF MINE HILL

BUILDING DEPARTMENT

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## ZONING PERMIT APPLICATION

### FOR A CHANGE IN OWNERSHIP OR A CHANGE IN TENANCY

MUST BE COMPLETED IN ORDER TO RECEIVE A CONTINUED CERTIFICATE OF OCCUPACY

#### INSTRUCTIONS:

1. Provide all information requested on pages one and two.
2. Provide the following:
  - Site plan indicating parking spaces allotted for this tenant
  - Floor Plan (to scale) indicating area to be occupied by tenant
  - Detailed drawing of proposed signs. If using existing signs, indicate what changes, if any, will be made to signs.
  - Designate sign location(s) and details.
3. On Page Three provide: Notorized signature of Owner
4. On Page Four provide: Notorized signature of Applicant
5. Submit Application with payment of TWO (2) fees.

Each fee requires a separate payment in the exact amount as follows:

[Cash or check payable to Mine Hill Township accepted]

- Zoning Permit Application Fee: \$ 50.00
- Certificate of Continued Occupancy Fee: \$ 200.00

If you have any questions, please do not hesitate to contact this office.

# ZONING APPLICATION

## FOR CHANGE IN OWNERSHIP OR TENANCY

DATE \_\_\_\_\_

*(Please Print)*

### APPLICANT

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

State

Zip Code

### PROPERTY OWNER

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

### LOCATION OF PROPOSED CHANGE OF TENANCY OR OWNERSHIP

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qual. \_\_\_\_\_ Zone \_\_\_\_\_

Mine Hill Street Address \_\_\_\_\_

Is this a sublease? \_\_\_\_\_ If Yes, from whom? \_\_\_\_\_

LOCATION OF SPACE IN BUILDING \_\_\_\_\_ Sq. Ft.

**Please check all that apply:**

SEPTIC

PUBLIC WATER

SEWER

WELL

**TYPE OF BUSINESS**

Describe in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refer to use group and classification of NJ State Uniform Construction Code.

Use Group \_\_\_\_\_ Construction Classification \_\_\_\_\_

Name of Previous Occupant \_\_\_\_\_ Previous Use Group \_\_\_\_\_

**IF ONE OF THE FOLLOWING USES APPLIES TO YOUR BUSINESS PLEASE CHECK THE APPROPRIATE BOX**

Restaurants/Foods                       Tanning                       Child Care Centers

Pools/Hot Tubs –Public/Condo     Body Art (Tattoo)                       Youth Camps

**PRODUCT AND/OR MATERIAL STORAGE**

State if material is flammable or a hazardous substance. Submit manufacturer's MSOS sheets for each chemical, if applicable.

Storage:      Indoor \_\_\_\_\_                      Outdoor \_\_\_\_\_

Describe in detail all safety provisions for storage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIOLATIONS**

List any past or present violations issued to your business.

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Are DEP permits required for any phases of the proposed business? Explain.

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Number of Employees\_\_\_\_\_ Number of Shifts\_\_\_\_\_

Hours of Operation\_\_\_\_\_ Days of Operation\_\_\_\_\_

Number of Parking Spaces\_\_\_\_\_

Attach a parking plan to scale. One copy of the approved site plan must accompany this application.

List other tenants and the portion, in square feet, of the building each occupies:

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**SIGNS**

If signs are proposed, submit a sketch or picture of each sign and specifications.

Where will sign(s) be located? \_\_\_\_\_

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Illuminated? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any signs to be removed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many, size, and location:

**AFFIDAVIT OF OWNER**

STATE OF

COUNTY ) ss:

OF )

\_\_\_\_\_ of full age being duly sworn according to law, upon his/her oath deposes and says that the answers, statements and declarations made in the foregoing application are absolutely true in all respects.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Officer administering oath

\_\_\_\_\_  
[print] Name and Title of Officer

