



Merchantville Zoning Permit Application Use Permit

DATE APPLICATION SUBMITTED: _____

ZONING PERMIT FEE: Please take application to Finance Office to pay fee prior to submitting application to Zoning Officer.

Use Permitted by Zoning Ordinance, Variance, or Change of Tenancy	\$50
Certificate of Legal Non-Conforming Use (only within 1 yr of ordinance change)	\$25

I. SITE INFORMATION Please refer to Zoning Office webpage for the Tax map, Zoning map, parcel zoning list on www.merchantvillenj.gov if you do not know this information.

SITE ADDRESS _____ ZONING DISTRICT _____
 TAX ASSESSOR'S BLOCK _____ LOT(S) _____
 LOT SIZE _____

II. APPLICANT INFORMATION

SAME AS OWNER POTENTIAL PURCHASER POTENTIAL TENANT

APPLICANT

CONTACT NAME: _____
 BUSINESS NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 EMAIL: _____
 PHONE: _____
 SIGNATURE: _____

OWNER

CONTACT NAME: _____
 BUSINESS NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 EMAIL: _____
 PHONE: _____
 SIGNATURE: _____

APPLICANT'S BUSINESS ORGANIZATION: () INDIVIDUAL () PARTNERSHIP () LLP () CORPORATION () LLC

****BOTH SIGNATURES REQUIRED IF APPLICANT IS DIFFERENT THAN PROPERTY OWNER****

III. PROPERTY HISTORY

A. OCCUPANCY. IS THE PROPERTY CURRENTLY OCCUPIED? _____ IF VACANT, HOW LONG? _____

B. PROPERTY HISTORY. DESCRIBE IN DETAIL THE NATURE OF USES AND DATES.

Nature of Use:	Date of Commencement:
_____	_____
_____	_____

C. PRIOR BOARD APPLICATIONS? HAS THE PROPERTY RECEIVED PRIOR ZONING OR PLANNING BOARD APPROVAL? IF SO, PLEASE PROVIDE DETAILS (WHO, WHAT, WHEN). Attach copy of Board Resolution.

IV. PROPOSED USE

A. PROPOSED USE. DESCRIBE IN DETAIL THE PROPOSED USES AND ACTIVITIES TO BE CONDUCTED ON THE PROPERTY. Be specific. (1) what type of goods or services, (2) days and hours of operation, (3) peak shift # of employees/personnel on site, (4) # of seats/tables, (5) will there be outdoor activities, (6) when and how often will you get deliveries, (7) how will trash be disposed, (8) any exterior changes. *Attach additional sheets if necessary.*

B. ADDITIONAL DETAILS. PLEASE WRITE "N/A" IF NOT APPLICABLE.

		EXISTING	PROPOSED
RESIDENTIAL:	HOW MANY DWELLING UNITS?	_____	_____
	HOW MANY BEDROOMS IN EACH DWELLING UNIT?	_____	_____
	HOW MANY ON-SITE PARKING SPACES?	_____	_____
COMMERCIAL:	HOW MANY COMMERCIAL USES ON SITE?	_____	_____
	HOW MANY ON-SITE PARKING SPACES?	_____	_____

C. ARE THERE OTHER APPROVALS REQUIRED FOR PROPOSED USE? Business Registration, Fire Inspection, County Health Department, County Planning Board, NJDEP, etc.? Please describe type, and provide status.

V. ZONING OFFICER USE ONLY (DO NOT WRITE BELOW)

A. PROOF OF PAYMENT RECEIVED BY FINANCE OFFICE?

YES NO AMOUNT PAID: _____ DATE FEE PAID: _____

B. ZONING PERMIT DISPOSITION:

APPROVED: _____ DENIED: _____ IF APPROVED, ZONING PERMIT NO.: _____

Change of Tenancy Use Permitted by Ordinance

Use Permitted by Variance, subject to any conditions attached thereto. Dated: _____ File No. _____

Valid nonconforming use as established by () finding of the Joint Land Use Board or () by the undersigned Zoning Officer on the basis of evidence supplied by applicant within 1 year of ordinance change.

DATE: _____

ZONING OFFICER'S NAME: _____ SIGNATURE: _____

COMMENTS: _____
