



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 Office.

| | |
|--|------|
| Use Permitted by Zoning Ordinance or Variance | \$25 |
| Use Permitted due to Prior Legal Non-Conforming Use | \$25 |
| Change of Tenancy (similar to prior use and same parking requirements) | \$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 _____
 BLOCK _____ LOT(S) _____
 LOT SIZE _____ LOT WIDTH _____ LOT DEPTH _____

II. APPLICANT INFORMATION

SAME AS OWNER POTENTIAL PURCHASER POTENTIAL TENANT

APPLICANT
 NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 EMAIL: _____
 PHONE: _____
 SIGNATURE: _____

OWNER
 NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 EMAIL: _____
 PHONE: _____
 SIGNATURE: _____

WE NEED BOTH SIGNATURES 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 THE USES ON THE SITE AND THE DATE OF COMMENCEMENT OF SUCH USE.

| | |
|----------------|-----------------------|
| Nature of Use: | Date of Commencement: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

C. **PRIOR BOARD APPLICATIONS?** HAS THE PROPERTY RECEIVED ZONING BOARD OR PLANNING BOARD APPROVAL FOR ANY OF THE USES? IF SO, PLEASE PROVIDE DETAILS (Who, What, When) AND PROVIDE COPY OF BOARD RESOLUTION.

D. GRANDFATHERED USE. IS THE USE A PRIOR, LEGAL NON-CONFORMING USE? (If so, please provide detailed facts and documents supporting this contention).

IV. PROPOSED USE

A. PROPOSED USE. DESCRIBE IN DETAIL THE PROPOSED USES AND ACTIVITIES TO BE CONDUCTED ON THE PROPERTY. (Be specific. For example, what type of goods or services are you selling, how will trash be disposed, will there be indoor or outdoor seating, when and how often will you get deliveries)

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

| | | EXISTING | PROPOSED |
|---|--|-----------------|-----------------|
| RESIDENTIAL: | HOW MANY DWELLING UNITS? | _____ | _____ |
| | HOW MANY BEDROOMS PER DWELLING UNIT? | _____ | _____ |
| | HOW MANY ON-SITE PARKING SPACES PROVIDED? | _____ | _____ |
| COMMERCIAL: | HOW MANY COMMERCIAL USES? | _____ | _____ |
| | HOW MANY ON-SITE PARKING SPACES PROVIDED? | _____ | _____ |
| | HOW MANY EMPLOYEES (PER USE & TOTAL#) | _____ | _____ |
| | DAYS AND HOURS OF OPERATION FOR EACH PROPOSED USE? | _____ | |
| | NAME OF PROPOSED BUSINESS | _____ | |
| EXTERIOR CHANGES PROPOSED (INCLUDING SIGNAGE)? PLEASE DESCRIBE: | | | |

****PLEASE ATTACH ALL DOCUMENTATION TO APPLICATION****

IV. 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.

DATE: _____

ZONING OFFICER'S NAME: _____

SIGNATURE: _____

COMMENTS: _____

