

Date_____

CASH/CK/MO/CC_____

Borough of Eatontown
Zoning Department
47 Broad Street
Eatontown, NJ 07724
732-389-7611

APPLICATION FOR ZONING PERMIT

Nonresidential Improvements, New Tenant, Change in Tenancy	Fee
New building	\$350
Addition, new tenant, use/occupancy, interior fit out, relocating tenant within same building	\$100
Exterior improvements, EV charger, HVAC, etc.	\$100

The below documentation and steps are required to ensure proper review of proposed new building, additions, exterior improvements, potential new tenants, tenant fit out, relocation of existing tenant or expansion of existing tenant space -

- Zoning permit application shall be completed, with detailed description of use. If work is to be performed detailed description and plans shall be submitted
- Change in Tenant application shall be completed with required details
- Floor plan of unit
- Approval letter from Landlord
- Current rent roll with unit numbers and square footage
- Proposed additions, exterior site improvements require site plan showing the location of the proposed improvements

Failure to submit required information, application will be deemed incomplete

PLEASE PRINT CLEARLY & LEGIBLY

Property Address_____ Unit #_____ Block_____ Lot_____ Zone_____

Property Owner Name_____ Address_____

Telephone #_____ Cell Phone_____ Email_____

Existing Tenant Name_____ Proposed New Tenant Name_____

Applicant Name_____ Address_____

Telephone #_____ Cell Phone_____ Email_____

Have the premises been the subject of any prior application to the Planning Board/Zoning Board?

____ Yes ____ No If yes, indicate the Board_____ as well as the Date of

Hearing____. Resolution # (if any) _____ (Submit copy of Resolution)

Provide a detailed description of proposed work_____

	Area in Square Feet
Lot Area	
Existing Building Coverage	
Proposed New Building Coverage	
Total Proposed Building Coverage	
Existing Impervious Surfaces	
Proposed New Impervious Surfaces	
Impervious Surfaces to be Removed	
Total Proposed Impervious Surfaces	

Print Applicant's Name

Date

Signature of Applicant

Date

Print Owner's Name (if different from applicant)

Date

Signature of Owner (if different from applicant)

Date

Applicant certifies that all statements and information made and provided as a part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations, codes, and requirements of the site plan approval, variances and other permits granted with respect to said property, shall be complied with. All Applications for Zoning Permits will be granted or denied within ten (10) business days from the date the complete application is submitted.

.....**FOR OFFICE USE**.....

Fee Date _____ Payment # _____ Received by _____

Approved _____ Denied _____ Comments _____

Kathy Muscillo, Zoning Officer

Date

Appeals of the Zoning Officer's determination must be filed within twenty (20) days of the issuance to the Planning Board/Zoning Board as provided by the New Jersey Municipal Land Use Law. This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions. The Board reserves the right to deem additional information and/or variances required. Approved Zoning Permits are valid for one (1) year, and may be extended by action of the Zoning Board.



BOROUGH OF EATONTOWN
47 BROAD STREET
EATONTOWN NJ 07724

CHANGE OF TENANCY/OWNERSHIP

ALL INFORMATION SHALL BE PROVIDED

DATE _____

PROPERTY OWNER INFORMATION

FULL NAME _____ EMAIL _____

MAILING ADDRESS _____

OFFICE PHONE _____ CELL _____

TENANT INFORMATION

FORMER TENANT NAME & USE _____

NEW TENANT NAME _____

NEW TENANT/BUSINESS OWNER CONTACT INFORMATION

CONTACT NAME _____ CONTACT CELL _____

CONTACT MAILING ADDRESS _____

CONTACT EMAIL _____ CONTACT PHONE _____

TENANT OCCUPANCY INFORMATION

ADDRESS _____ BLOCK _____ LOT _____ ZONE _____

UNIT/SUITE # _____ FLOOR # _____ SF OF UNIT _____

OF EMPLOYEES _____ HOURS OF OPERATION _____ # OF VEHICLES _____

STATE IN DETAIL THE PROPOSED SERVICES TO BE PERFORMED AND/OR THE VARIETY OF GOODS TO BE SOLD/STORED AT THIS LOCATION

SIGNATURES

I CERTIFY THAT THE ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

PROPERTY OWNER/LANDLORD _____ TENANT/BUSINESS OWNER _____

DATE _____

DATE _____



FIRE PREVENTION BUREAU

47 Broad Street
Eatontown, NJ 07724
732-389-7620
FAX: 732-389-7670
fp@eatontownnj.com

PURSUANT TO EATONTOWN BOROUGH LOCAL ORDINANCE, AND NJAC 5: 70 - 1 ET. Seq. EVERY PERSON OR BUSINESS THAT IS SENT A REGISTRATION APPLICATION MUST RETURN SAME WITHIN FIFTEEN (15) DAYS. SUCH APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. FAILURE TO FILE SAID APPLICATION WILL RESULT IN A MONETARY PENALTY.

PLEASE WRITE LEGIBLY!

BUSINESS INFORMATION

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
BUSINESS EMAIL: _____
BUSINESS PHONE NUMBER: _____ SQUARE FOOTAGE: _____
EMERGENCY CONTACT NAME: _____ NUMBER: _____
EMERGENCY CONTACT NAME: _____ NUMBER: _____

BUSINESS OWNER INFORMATION

BUSINESS OWNER'S NAME: _____
BUSINESS OWNER'S PHONE NUMBER: _____
BUSINESS OWNER'S EMAIL ADDRESS: _____
BUSINESS OWNER'S MAILING ADDRESS: _____
FIRE ALARM COMPANY NAME: (if applicable) _____ PHONE NUMBER: _____
MANAGER NAME/PHONE NUMBER: _____

BUILDING OWNER INFORMATION

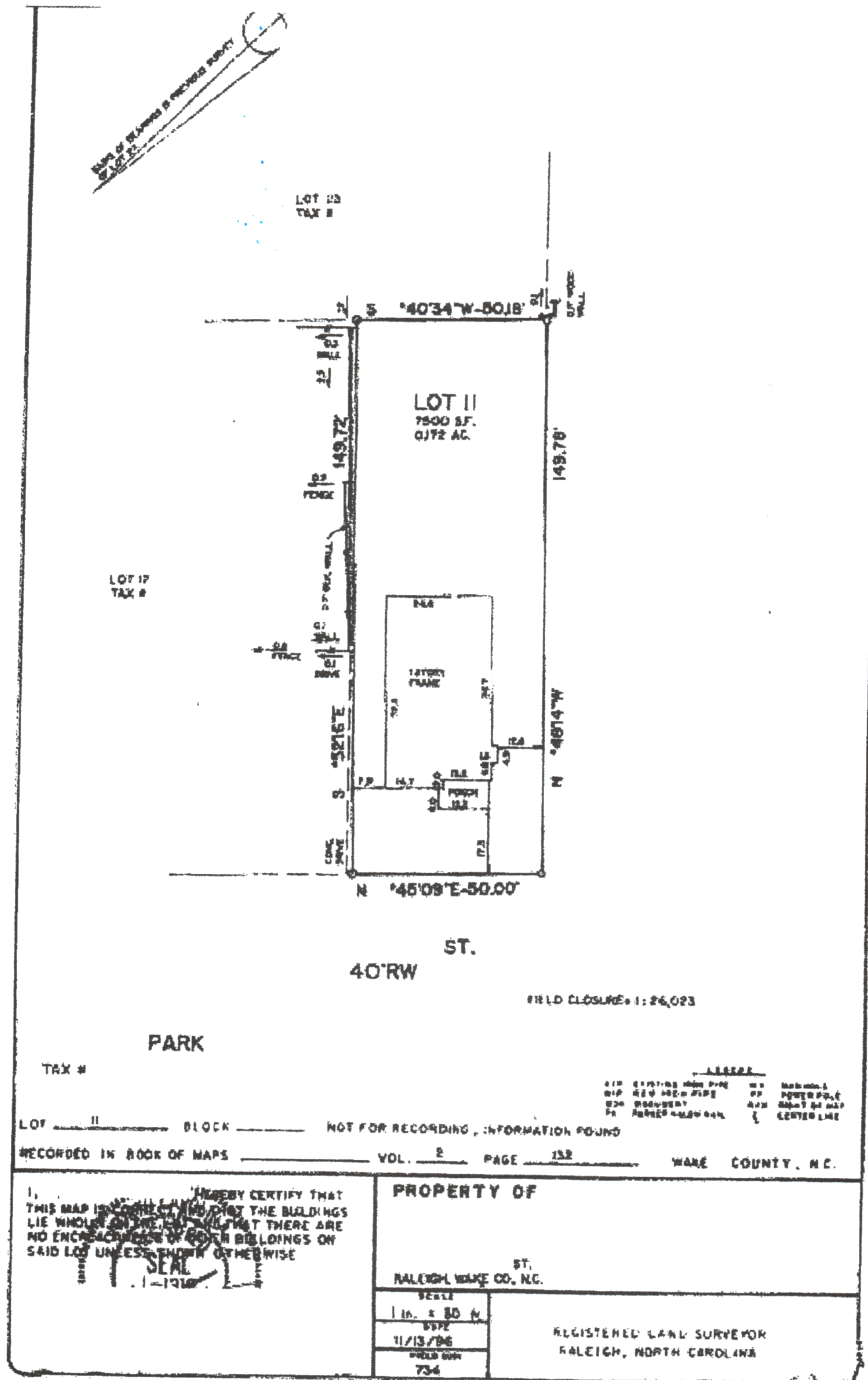
BUILDING OWNER'S NAME: _____
BUILDING OWNER'S MAILING ADDRESS: _____
BUILDING OWNER'S PHONE NUMBER: _____
BUILDING OWNER EMAIL ADDRESS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE:

NAME (PRINT): _____
SIGNATURE: _____ DATE: _____

**BUSINESS OWNER MUST SUPPLY A KEY FOR THE KNOX BOX. IF KEY IS
CHANGED, BUSINESS OWNER MUST NOTIFY EATONTOWN FIRE PREVENTION.**

King of Siam is a member of the
of the



BOROUGH OF EATONTOWN

ZONING FLOW CHART

