

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
<b>New building</b>	<b>\$350</b>
<b>Addition, new tenant, use/occupancy, interior fit out, relocating tenant within same building</b>	<b>\$100</b>
<b>Exterior improvements, EV charger, HVAC, etc.</b>	<b>\$100</b>

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
<b>Lot Area</b>	
<b>Existing Building Coverage</b>	
<b>Proposed New Building Coverage</b>	
<b>Total Proposed Building Coverage</b>	
<b>Existing Impervious Surfaces</b>	
<b>Proposed New Impervious Surfaces</b>	
<b>Impervious Surfaces to be Removed</b>	
<b>Total Proposed Impervious Surfaces</b>	

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

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### 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: \_\_\_\_\_

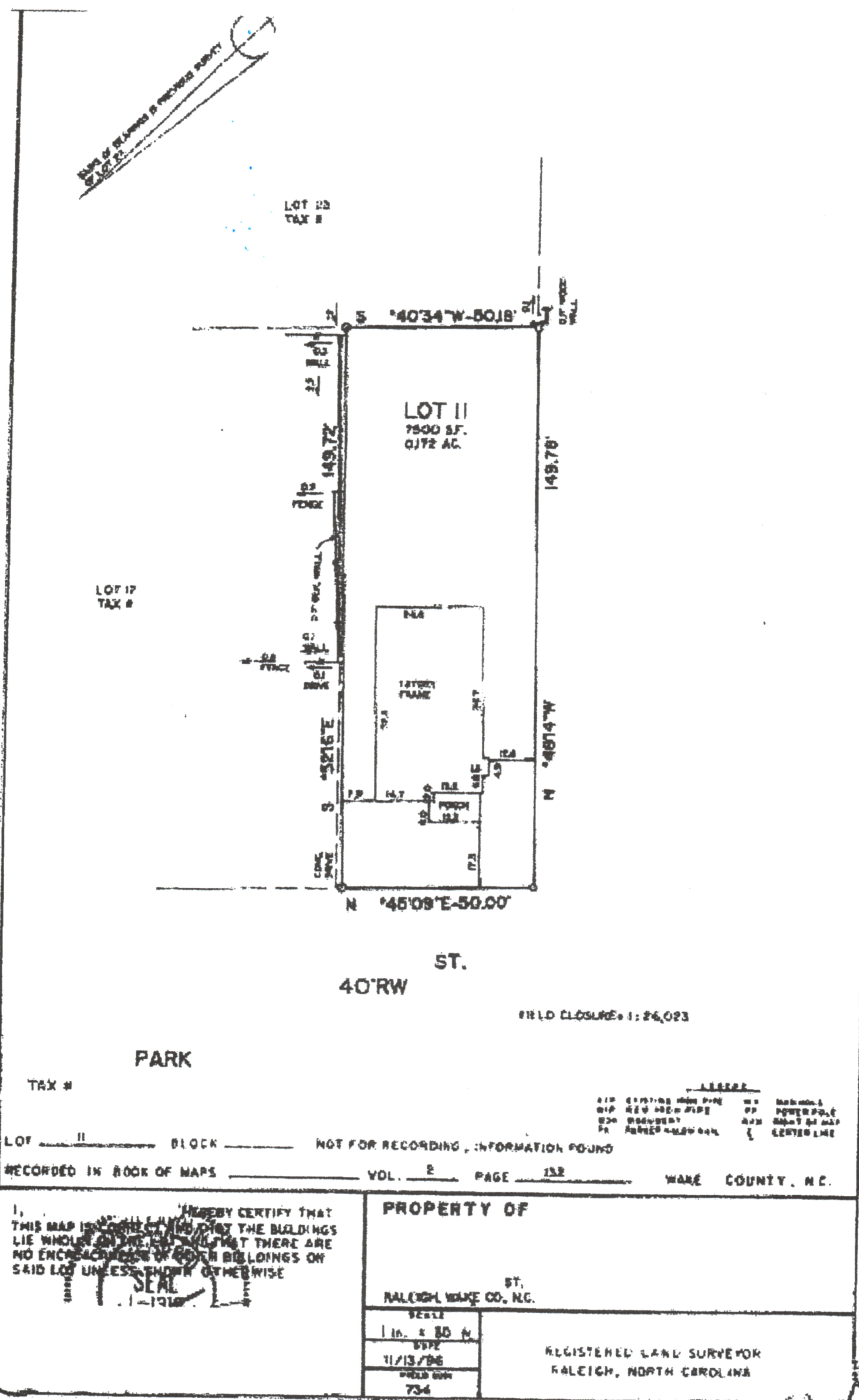
**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE:**

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.**

# SAMPLE SURVEY



# BOROUGH OF EATONTOWN

## ZONING FLOW CHART

