



**Borough of Eatontown  
Zoning Department  
47 Broad Street  
732-389-7611 x1**

### **Change in Tenancy Applications**

The below documentation and steps are required to ensure proper review and approval/denial of potential new tenants, relocation of existing tenant or expansion of existing tenant space;

- Zoning permit application shall be completed
  - ❖ If work is to be performed detailed description and plans shall be submitted
- Change in Tenant application shall be completed
  - ❖ Details of proposed use shall be provided, employees, hours of operation, business description, square footage of unit
- Floor plan of unit
- Approval letter from Landlord
- Current rent roll with unit number and square footage
  - ❖ If you need assistance with this application please contact [Kmuscillo@eatontownnj.com](mailto:Kmuscillo@eatontownnj.com)

### **Upon Zoning Approval**

Once you receive your Zoning Permit, you can submit the approval with a completed Commercial Certificate of Occupancy application and the appropriate fee for the inspection of location to the Building Department.

**\*\* Please note this application is not required if Building permits are being issued for work being performed.**

- ❖ For assistance with this application please contact the building department at [lmontagna@eatontownnj.com](mailto:lmontagna@eatontownnj.com) and [permits@eatontownnj.com](mailto:permits@eatontownnj.com)

You shall submit your approved Zoning Permit, a completed Application for Permit with the appropriate fee and a completed registration form to the Fire Prevention department.

- ❖ For assistance with this application please contact Fire Prevention at [fireprev@eatontownnj.com](mailto:fireprev@eatontownnj.com)

**For your convenience enclosed are the required applications**

**Borough of Eatontown  
Zoning Office  
47 Broad Street  
Eatontown, NJ 07724  
Phone: 732-389-7611 x1**

**APPLICATION FOR ZONING PERMIT**

Date _____	Fee \$50.00	CASH/CK/MO/CC _____
<input type="checkbox"/> New Building	<input type="checkbox"/> Driveway/Sidewalk/Apron****	<input type="checkbox"/> Pool**
<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Commercial Addition	<input type="checkbox"/> Sign
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Demolition	<input type="checkbox"/> Walkway/Patio
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Porch/Deck	<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Air Conditioner***	<input type="checkbox"/> Change of Tenancy	<input type="checkbox"/> Other
<input type="checkbox"/> Generator***	<input type="checkbox"/> Fence*	
<input type="checkbox"/> Commercial Interior	<input type="checkbox"/> Garage	
<input type="checkbox"/> New Commercial	<input type="checkbox"/> Shed	

With this application, you are required to submit **proof of property taxes being current** as well as **one (1) copy of a current survey/plot plan/site plan and one (1) set of small architectural plans**. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor (signed/sealed). Architectural plans must show zoning data existing and proposed setbacks. Permit review fee: \$50.00. Checks shall be made payable to: Borough of Eatontown. If any of the requested information is not submitted or submitted incomplete, the application shall be returned as unprocessed.

- \* Indicate location, height, and type of fence on survey/plot plan.
- \*\* Pools require a fence. Please indicate type, height, and area of fence and location of filter and heater. In-ground pools require submission of one (1) electronic copy (PDF) of the Grading Plan as well as one (1) hard copy to scale.
- \*\*\* Air conditioner units: Please indicate proposed location and provide specifications that show the unit has proper screening from street.  
Generators: Please indicate proposed location and provide specifications that show the unit has proper screening from street.
- \*\*\*\* Curb Cutting may require a Street Opening Permit from the Borough Clerk as per Borough Code 285-5.

PLEASE PRINT CLEARLY & LEGIBLY

Property Address \_\_\_\_\_ Unit # \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Provide a detailed description of work or description of business \_\_\_\_\_

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Please complete the following applicable information for accessory residential structures such as fences, sheds/garden structures, patios and/or paving.

Type of Permit	Height	Style	Dimensions or Length
Fence			
Patio			
Pool			
Shed			
Other			

	Area in Square Feet
Lot Area	
Existing Building Coverage (House, Garage, Shed, Etc.)	
Proposed New Building Coverage	
Total Proposed Building Coverage	
Existing Impervious Surfaces (Driveways, Patios, Concrete Pool, etc.)	
Proposed New Impervious Surfaces	
Impervious Surfaces to be Removed	
Total Proposed Impervious Surfaces	

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)

**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.**

\_\_\_\_\_  
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

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

Fee Date \_\_\_\_\_ Payment # \_\_\_\_\_ Received by \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments \_\_\_\_\_

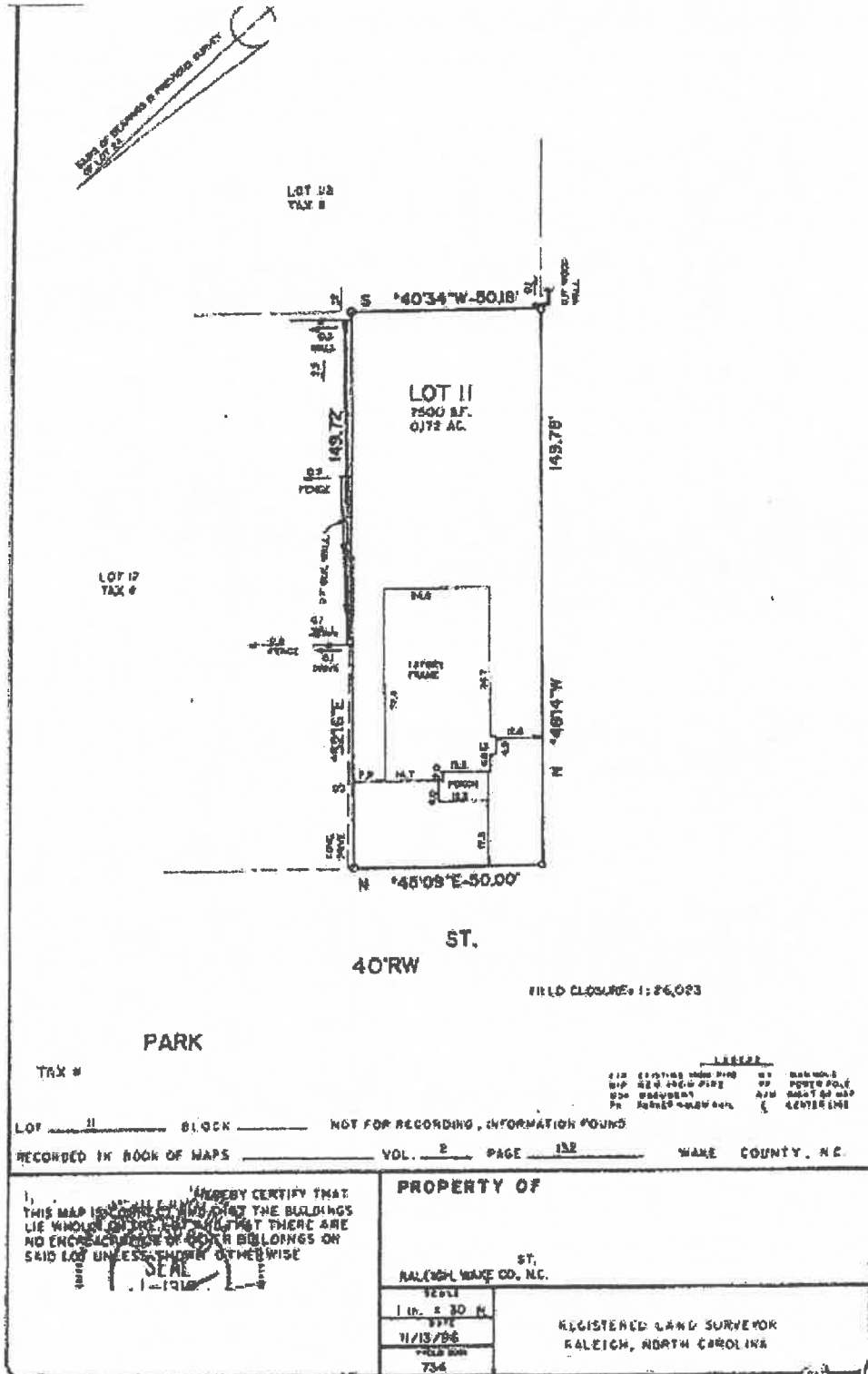
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\_\_\_\_\_  
Kathy Muscillo, Zoning Officer

\_\_\_\_\_  
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.**

# SAMPLE SURVEY



# BOROUGH OF EATONTOWN

## ZONING FLOW CHART

Submit Zoning Permit Applications for the following:

- New Dwelling/Commercial Building
- Residential/Commercial Addition
- Accessory Building
- Finished Basement
- Sheds, Pools, Hot Tubs, Gazebos
- Occupancy of a Building/Structure
- Fence, Air Conditioner Unit, Generator
- Signs
- Porch/Deck/Patio
- Garage
- Driveway



**IF APPROVED**



Contact Building Department 732-389-7615 for appropriate Construction Permits and inspections.

If no Construction Permits are required, applicant can proceed with construction.

If Construction Permits are required, applicant must wait to proceed with construction until permits have been issued. The Construction Official will issue the Certificate of Occupancy when the project is complete.

**IF DENIED**



**RESUBMIT** – revised Zoning Permit Application with requested information.

**APPEAL DECISION** - file Notice of Appeal within 20 calendar days as per MLUL 40:55D-72(a) to Planning & Zoning Administrator 732-389-7617.

**Request Variance** – from either the Planning Board or Zoning Board of Adjustment.



**Borough of Eatontown  
47 Broad Street  
Eatontown NJ 07724**

**CHANGE IN TENANCY**

Date \_\_\_\_\_

**New Property Owner / Landlord Information**

Full Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Tenant Information**

Previous Tenant \_\_\_\_\_

Property Address \_\_\_\_\_ Floor # \_\_\_\_\_ Suite/Unit # \_\_\_\_\_ Sq Ft \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_ # of Employees \_\_\_\_\_ Operating Hours \_\_\_\_\_

Tenant/Business Name \_\_\_\_\_ Proposed Use \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City State ZIP Code

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Signatures**

*I certify that the answers are true and complete to the best of my knowledge.*

Property/Landlord Owner \_\_\_\_\_ Tenant/Business Owner \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**All information shall be provided**



Building Department  
47 Broad Street  
Eatontown, NJ 07724  
Phone: (732) 389-7615+0  
Fax: (732) 935-1822

**APPLICATION FOR A COMMERCIAL CERTIFICATE OF OCCUPANCY**  
Please call for the fee

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Tenant or Applicant/Trading as: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Owner's Name and Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone # \_\_\_\_\_

Building Owner: Name and Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone # \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Area of Allotted Space in Square Feet: Office: \_\_\_\_\_ Storage: \_\_\_\_\_ Other: \_\_\_\_\_

**Please include a floor plan including dimensions and use of each space/room pertaining to this application.**

Emergency contact and telephone # to be used during normal business hours.

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

Emergency contact and telephone # to be used after normal business hours.

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

Special Instructions: \_\_\_\_\_

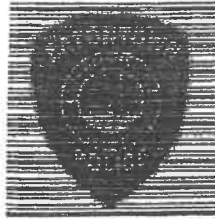
Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

*In most cases, a Zoning Permit and a Mercantile License must also be applied for*



Police Department  
(732) 542-0100

FAX (732) 389-0595



Detective Bureau  
(732) 389-7644

Records Bureau  
(732) 389-7635

William P. Lucia, III - Chief of Police

Eatontown Police Department  
47 Broad Street  
Eatontown, New Jersey 07724  
732-542-0100

Dear Business Owner,

The Eatontown Police Department holds on record names and phone numbers of persons to be contacted in case of an emergency at your place of business. In order for this to be successful, we must have the information on file. This information will only be available to the police department for emergency notifications.

Currently we have NO or INACCURATE information for your business. We request that you take a few minutes to fill in the information below and promptly mail or FAX it to us.

List persons to be contacted in case of an EMERGENCY after normal business hours. Emergency numbers must be home numbers or cell phone numbers, not the phone numbers of the business. We suggest there be at least 3. If possible select persons whose TOTAL response time would be 30 minutes or less.

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

Business Street Address: \_\_\_\_\_  
Eatontown, New Jersey 07724

Bldg#: \_\_\_\_\_ Suite#: \_\_\_\_\_ Store#: \_\_\_\_\_ Floor#: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business FAX#: \_\_\_\_\_

Is the building alarmed? Y or N

TYPE: Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Hold-Up \_\_\_\_\_ Other \_\_\_\_\_

Name of Alarm Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

If this is a new business replacing an old business, do you know what the name of the old business was? List below.

\_\_\_\_\_

**Please List 3 Emergency After Hours Contacts: (If available)**

	Name	Town	Home#	Cell#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

For faster delivery, you may:  
FAX the form to (732) 389-0595.  
Mail or drop off at Police Headquarters.

Thank you for your anticipated cooperation. Should any of the above information change, please call us and we will provide you with a new form. You may also download this form from our website at <http://www.eatontownnj.com/police/forms.html>



**Borough of Eatontown  
Building Department  
47 Broad Street  
[permits@eatontownnj.com](mailto:permits@eatontownnj.com)**

### **Commercial Certificate of Occupancy Fees**

**1-1000 square feet = \$50**

**1001-3000 square feet = \$100**

**3001-5000 square feet = \$125**

**Over 5000 square feet = \$150**



# 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.

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## PLEASE WRITE LEGIBLY!

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### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS EMAIL: \_\_\_\_\_  
BUSINESS PHONE NUMBER: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

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

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

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

Mercantile Licensing Department  
Linda Montagna  
[Merc@eatontownnj.com](mailto:Merc@eatontownnj.com)  
732-389-7618



47 Broad Street  
Eatontown, N.J.  
07724 - 2246

NEW BUSINESS FEE \$100  ANNUAL RENEWAL FEE \$75  LATE FEE \$25

*PLEASE COMPLETE THE ENTIRE APPLICATION LEGIBLY*

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE