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_____