

**BOROUGH OF WALDWICK
BERGEN COUNTY, NEW JERSEY**

**APPLICATION IS HEREBY MADE FOR
ZONING PERMIT
NON-RESIDENTIALLY USED OR ZONED PROPERTIES**

For date and time submitted

Street Address: _____
Block: _____ Lot: _____ Zone District: _____

A. Owner of Property: _____
Address: _____
Phone: _____ Fax: _____ Cell: _____

B. Applicant (if other than owner): _____
Name of Business: _____
Address: _____
Phone: _____ Fax: _____ Cell: _____
Interest of applicant if other than owner: _____

C. Is your Waldwick Planning Board or Board of Adjustment approved site plan attached? Yes ___ No ___
If you have not attached the aforementioned site plan your application is incomplete and will be denied.

D. Parking:
Number of parking spaces site plan requires: _____ Number of parking spaces physically present: _____

E. Proposed use of building: _____
1. Days and hours of operation*: _____
2. Number of employees: _____
3. Address of current or previous place of operations: _____
4. Square Footage of Business Use: _____

F. Description of Proposed Business Use - Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings: _____

Description of all machinery to be used on property: _____

List any toxic, flammable or other petroleum products to be manufactured or stored on premises or indicate "none": _____

What is the present or proposed use of the basement area? _____

Set forth location and area of storage: _____

G. State whether any of the activities described in F above are conducted as a non-conforming use: (If so state fact supporting this contention): _____

H. Current or Prior Use(s) of the Building: _____

I. Has the premises above been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge? _____

J. Miscellaneous: Initial to indicate understanding and receipt of the following: _____ (Initials)

1. Neon signs are Prohibited. All signs must conform to Chapter 97-123.9.17
2. Outside Storage Is Prohibited
3. All businesses must register their alarms with the Waldwick Police Department (201-652-5700)
4. I received the following:

- ☐ ADA Guide for Small Businesses
- ☐ Non-Alarmed Business Registration Form
- ☐ How to do Business in Wyckoff
- ☐ Recycling Guide for Businesses

K. Recycling Information:

Name of the recycling carting company you will contract with: _____

Chapter 71 of the Code of the Borough of Waldwick requires all businesses to recycle and annually report this volume of recycling to the Borough of Waldwick.

L. Certificate of Occupancy Application and Fire Prevention registration are required to be submitted to the Zoning Officer.

M. Depending on use, an application for the Board of Health must be submitted.

Zoning Officer Signature

Date

AFFIDAVIT OF APPLICANT

State of New Jersey
County of Bergen

_____ of full age, being duly sworn according to law, deposes and says:
(Print Name)

1. I am the applicant named in the foregoing application.
2. I am familiar with and understand the Performance Standards applicable in the Borough of Waldwick as set forth in the Waldwick Zoning Ordinance & Building Code and all amendments thereof and supplements thereto, and I agree to conform with such standards at all times.
3. I certify that tax and sewer payments, local assessment installments and any prior outstanding construction permits for this property are paid and inspections completed.

Signature of applicant

Date

Sworn and Subscribed to before me
this _____ day of _____ 20 _____

For police & fire emergency, I may be reached at:
Home phone: _____
Business phone: _____
Cell phone: _____

A Notary Public in New Jersey

Voluntary Consent to Extension of Time. Please be advised that the Borough of Waldwick is required by law to issue or deny a Zoning Permit within ten (10) business days of the date an application is made. If the Zoning Officer is unable to determine within the ten (10) business day time frame that a Zoning Permit should be issued, your application will be denied. You may proceed to the Zoning Board of Adjustment for relief in the event of a denial. If you would prefer to extend the time period for action beyond the ten (10) business day maximum, you may do so by signing the voluntary consent form below. You are not required to sign this voluntary consent form.

I consent to an extension of the ten (10) business day time period for action for _____ business days, to _____ (date). I understand that I am not required to consent to any extension at all. I understand that if the Zoning Officer is for any reason unable to approve the Zoning Permit within the permitted time period for action, whether extended or not, my application will be denied, and I may then apply to the Zoning Board of Adjustment for relief.

Signature of applicant

Date

Approved: _____ Denied: _____

Zoning Officer Signature

Date

Fee Amount: _____
Paid: Yes _____ No _____

Comments (if any): _____

COMPLIANCE WITH ZONING REQUIREMENTS

DIMENSIONS

	<u>ZONING REQUIREMENTS</u>	<u>PRESENT LAYOUT</u>	<u>PROPOSED LAYOUT</u>	<u>COMPLIES?</u>
1. LOT SIZE (sq. ft.)				
Frontage	_____ min.	_____	_____	_____
Width	_____ min.	_____	_____	_____
Depth	_____ min.	_____	_____	_____
2. SETBACKS				
Principal Bldg.				
Front Yard (ft.)	_____ min.	_____	_____	_____
Front Yard Corner (ft.) If applicable	_____ min.	_____	_____	_____
Rear Yard (ft.)	_____ min.	_____	_____	_____
Side Yard #1 (ft.)	_____ min.	_____	_____	_____
Side Yard #2 (ft.) If applicable	_____ min.	_____	_____	_____
Accessory Bldg(s).				
Rear Yard (ft.)	_____ min.	_____	_____	_____
Side Yard (ft.)	_____ min.	_____	_____	_____
3. BUILDING AREAS (footprint)				
Principal Bldg. (sq. ft.)	_____	_____	_____	_____
Accessory Bldg. (sq. ft.)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
4. LOT COVERAGE				
A. Principal Bldg. (%)	_____ max.	_____	_____	_____
B. Total Access. Bldg. (%)	_____ max.	_____	_____	_____
C. Total (%) (A & B)	_____ max.	_____	_____	_____
5. DWELLING AREA (Total sq. ft.)	_____ max.	_____	_____	_____
First Floor	_____	_____	_____	_____
Second Floor	_____	_____	_____	_____
6. BUILDING HEIGHT (ft.)	_____ max.	_____	_____	_____
Number of stories	_____ max.	_____	_____	_____

Zoning Officer Signature

Date

WALDWICK POLICE DEPARTMENT

15 EAST PROSPECT STREET
WALDWICK, NEW JERSEY 07463
(201) 652-5700

Non- Alarmed Business Registration Form

Business Name _____

Address _____ Suite/ Unit #: _____

Business Phone _____

Departing Business Name at this Location: _____

Emergency Contact Numbers:

Contact #1:

Owners Name _____

Street Address _____

Town: _____

Phone: Home: _____ Business: _____

Mobile: _____ Pager: _____

Contact #2

Name _____

Street Address _____

Town _____

Phone: Home: _____ Business: _____

Mobile _____ Pager: _____

Contact #3

Name _____

Street Address _____

Town _____

Phone: Home: _____ Business: _____

Mobile: _____ Pager: _____

Is Your Business Alarmed? Y / N