



CITY OF RAHWAY

ZONING PERMIT - COMMERCIAL

PROPERTY ADDRESS _____

BLOCK: _____ LOT: _____ ZONE: _____

USE OF PROPERTY

☐ COMMERCIAL ☐ OFFICE ☐ INDUSTRIAL ☐ OTHER

PRESENT USE AND NAME OF BUSINESS _____

NAME OF NEW BUSINESS _____

ARE ANY LICENSES REQUIRED FOR THE PROPOSED USE, I.E., PROFESSIONAL, COSMETOLOGY, BARBER? _____

ATTACH LICENSE TO APPLICATION

IS THE PROPOSED BUSINESS REGISTERED WITH THE STATE OF NEW JERSEY? _____

ATTACH REGISTRATION CERTIFICATE TO APPLICATION

PROPOSED IMPROVEMENTS AND / OR USE (BE SPECIFIC) _____

ADDITIONAL WORK (survey required)

☐ SIGN ☐ FENCE ☐ ALTERATIONS ☐ OTHER

CERTIFICATE OF OCCUPANCY REQUIRED?

☐ CHANGE OF USE ☐ CHANGE OF OWNER ☐ CHANGE OF OCCUPANCY

APPLICANT

(SAME AS OWNER) ☐

OWNER

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

PHONE: _____ PHONE: _____

APPLICANT SIGNATURE

DATE

OWNER SIGNATURE

DATE

APPROVED _____ DENIED _____ DATE _____

COMMENTS _____ SIGNATURE _____

ZONING FEE: \$20 _____ CHECK NO. OR CASH _____

RECEIPT NO. _____ DATE _____



City of Rahway Zoning Permit - Commercial

Division of Land Use (Zoning)
Department of Engineering &
Land Use

One City Hall Plaza
Rahway, NJ 07065

Tel 732-827-2176
Fax 732-680-1375

Dear applicant,

Indicate whether your property will contain or handle any of the following. Review and complete the chart below to confirm:

<u>Hazardous Materials</u>	Please check yes or no to indicate if your property will handle or contain the items listed below	
	Yes	No
Combustible dust		
Combustible fiber		
Combustible liquid		
Consumer fireworks		
Corrosive		
Cryogenic flammable		
Cryogenic inert		
Cryogenic oxidizing		
Explosives		
Flammable solid		
• Firewood		
• Paper (Bulk)		
Flammable gas		
Flammable liquid		
Flammable liquid combination (IA, IB, IC)		
Highly Toxic		
Inert gas		
Organic peroxide		
Oxidizer		
Oxidizing gas		
Pyrophoric		
Radioactive		
Toxic		
Unstable (reactive)		
Water reactive		

Please note failure to complete and return this form may result in denial of permit applications.

Signature: _____

Date: _____