



TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

Department of Planning and Development

SUSAN MCCARTNEY

Mayor

Tel: (973) 325-4119

Email: zoningofficial@westorange.org

GENIECE GARY-ADAMS

Director of Planning &

Development

Zoning Official

COMMERCIAL BUSINESS APPLICATION PACKAGE

- New Commercial Business Application
- Sample Floor Plan
- Certificate of Continued Occupancy Commercial Application
- Ordinance 25-40.2(d) *Permits*
Certificate of Continued Occupancy
- Fire Safety Registration Form
- User's Guide to Building & Remodeling
- Ten tips that Will Keep West Orange Beautiful
- Ordinance 25-15 *Signs*

OVERVIEW OF PROCESS

Review

Once an application is submitted, the Planning Office will review it for completeness. If there are no problems with the application and it is approved the Planning Department/Zoning Official will contact the applicant.

Building Department

You must apply for relevant permits from the Building Department. This includes all plumbing, electrical, fire, sign, and construction permits. *Please contact the Building Department at (973)325-4112 to discuss permit fees, plan review, and inspections.*

CCO

Once ALL APPROVALS have been received the applicant must schedule the CCO inspection. This permit is considered your "Continued Certificate of Occupancy" to tenant the building and open the business unless the building permits are required by the Construction Department.

Health Department

If you are applying to open a food establishment, make major kitchen alteration, or open a body massage establishment you must apply to the Health Department for approval. *Please contact Health Department at (973)325-4120 for additional information*

Fire Department

You must complete and file a Fire Safety Registration Form with the application.

Downtown West Orange Alliance

If the business is located the Downtown Main Street area, please contact the Downtown West Orange Alliance for information regarding recommended design standards and compliance and matching sign grant information. *Please contact Megan Brill, Exec. Dir., at (973)325-4109 or downtown@westorange.org*

ZONING OFFICIAL USE ONLY

Date **Submitted** _____
Square **Footage** _____

Date **Approved** _____
Sign **Permit** _____

Comments: _____



**COMMERCIAL BUSINESS PERMITTED USE
CHANGE IN OCCUPANCY**

*All new commercial owners/tenants must also apply for a separate
Certificate of Occupancy and a Sign Permit in the Building Department.*

COMPLETE ALL SECTIONS BELOW

ALL sections MUST be completed in order to process the application.

SECTION 1: Applicant and Owner Information

Please Note: A copy of the lease must be provided for all rentals.

Proposed Tenant/Business Name _____

Property Location Address: _____ Unit/Bldg: _____

Property Block: _____ Lot: _____ Zone: _____

Contact Name: _____

Contact Address (Current): _____

Telephone: _____ Fax: _____ Email: _____

Emergency Contact: _____

Telephone: _____ Fax: _____ Email: _____

Property Owner: _____

Property Owner Address: _____

Telephone: _____ Fax: _____ Email: _____

Signature of Applicant: _____ Printed Name: _____

Proposed Business Use: _____ Prior Use (if known): _____

Have there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property?

Y/N, If Yes, please list ZB or PB Application Numbers: _____

SECTION 2: Proposed Business

Please describe below in detail the proposed business operations on the site:

(You may attach a more detailed written description.)

SECTION 3: COMPANY INFORMATION

Are you requesting a 24-hour operation? Yes ____ No ____

Days/Hours of Operation:

DAYS	HOURS OF OPERATION
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Number of Employees: _____

Number of Chairs (Barber/Hair Salon): _____

SHIFT	SHIFT HOURS	NO. OF EMPLOYEES
Shift 1		
Shift 2		
Shift 3		
Shift 4		

SECTION 4: Site Plan Information

FLOOR PLAN (ATTACH DRAWING) – All dimensions including the breakdown of your business area in square footage for office use, retail and warehouse, cafeteria use, bathrooms, storage areas, other.

If multiple tenants exit on site, list the names and square footage of each tenant below.

TENANT NAME/USE	SQUARE FEET	PARKING REQUIRED	PARKING PROVIDED

Number and Type of Commercial Vehicles (Type/Size): _____

Overnight Parking of Commercial Vehicle or Vans? Y__N__ If yes, what type?_

NEW LIGHTING? Y__N__ If yes, provide details and indicate location on site plan.

SIGN DETAILS for any new sign. Submit details and depict location, total square footage, height, type of font and letter size as well as construction materials and any illumination.

If you have any questions please contact the Zoning Official at 973-325-4119 or Email zoningofficial@westorange.org or the Planning Board Secretary at 973-325-4111 or Email planningboard@westorange.org



Certificate of Continued Occupancy Commercial Application

CCO: _____
Date Submitted _____
Date Issued _____
Control# _____

Address to be sold/rented _____
Block _____ Lot _____
Is this a: __ Sale OR __ Rental; If a rental of one unit, which unit or floor number: _____
State commercial use _____ Is this a Change of Use: __ YES __ NO
If yes, you will need to contact Ms. Geniece Gary-Adams, Zoning Official for approval at
973-325-4119 or zoningofficial@westorange.org

Owner/Seller _____ Buyer/Tenant _____
Address _____ Address _____

(No PO Boxes)

Phone: _____ Mobile: _____

If applicable Superintendent's Name and Phone Number: _____

Name of Business: _____

If buying a multi-unit commercial building, will tenants being remaining or is building vacant?

Tenants Remaining: _____ Buying Vacant _____

Contact Person for Inspections:

Name: _____

Telephone: : _____

SIGNATURE: _____

Closing date: _____ OWNER __ BUYER __ AGENT __

PROVIDE SQUARE FOOTAGE OF SPACE

INSPECTOR: _____ DATE: _____

ZONING OFFICIAL APPROVAL: _____ DATE: _____
Geniece Gary Adams

*** APPLICATION MUST BE COMPLETELY FILLED OUT FOR SUBMITTAL ***

FEE: _____ CHECK / MONEY ORDER# _____

If you have any questions please call 973-325-4112 or wobuilding@westorange.org

25-40.2 Permits.

d. Certificate of Continued Occupancy.

1. Prior to the sale or rental of any existing residential structure containing one (1) unit or more, a Certificate of Continued Occupancy must be obtained which shall be issued by the Construction Official or designated agency or department provided with the authority to grant and issue such certificates. The application of such permit shall be made by the owner of record and shall comply with such administrative provisions as required by the Construction Official in accordance with N.J.A.C. 52:27D-198.1. The Certificate of Continued Occupancy shall be proof that the structure in question complies with all health and safety codes of the Township and State of New Jersey, that it is in compliance with all fire safety requirements as set forth in Chapter 18, Section 3 of the Township Code, and that it is in compliance with the Land Use Regulations of the Township or is considered a legal nonconforming use.
2. Prior to the sale or change in occupancy of any unit in an existing commercial structure, a Certificate of Continued Occupancy shall be issued by the Construction Official. The application of such permit shall be made by the owner of record and shall comply with such administrative provisions as required by the Construction Official. The Certificate of Continued Occupancy shall be proof that the structure in question complies with all health and safety codes of the Township and State of New Jersey that it is in compliance with all fire safety requirements as set forth in Section 40.3 of this Chapter of the Township Code, and that it is in compliance with the Land Use Regulations of the Township or is considered a legal nonconforming use.
3. The Certificate of Continued Occupancy shall state the maximum number of persons that may lawfully occupy the premises covered by the certificate. The occupancy number must match the documentation submitted.
4. The fee for requesting the issuance of a Certificate of Continued Occupancy shall be as follows:

Single Unit Residential Dwelling	\$200.00
Two (2) Unit Residential Dwelling	\$275.00
Three (3) Unit Residential Dwelling	\$350.00
Four (4) Unit Residential Dwelling	\$425.00
Five (5) Unit Residential Dwelling	\$500.00
Six (6) Unit Residential Dwelling	\$575.00
Sale or Change in Occupancy of	
Commercial Space	\$250.00 per unit
	up to 1,000 square feet
	or \$0.25 per square foot
	for 1,001 square feet to
	5,000 square feet or

\$0.50 per square foot

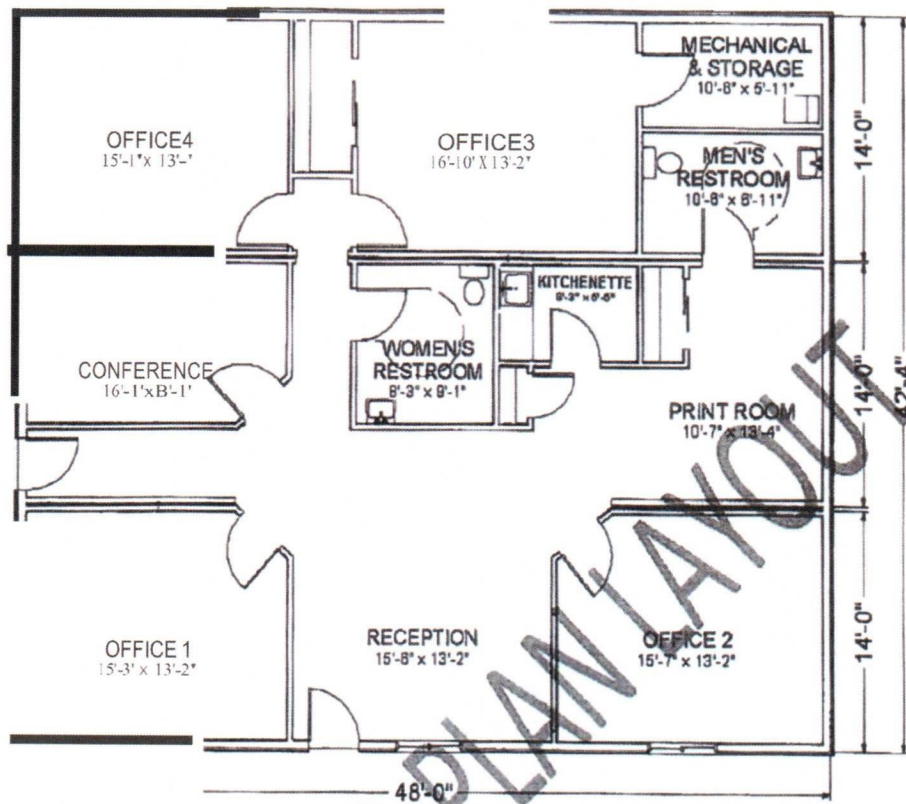
for 5,001 square feet

and up to a maximum of
10,000 square feet

Re-inspection fee

\$75.00

5. It shall be the responsibility of the Tax Assessor of the Township to advise individuals requesting tax assessment searches that a Certificate of Continued Occupancy is required in connection with the sale of any single unit residential dwelling, any sale or change in occupancy of any residential structure containing one (1) or more units or any change in occupancy of any existing commercial unit.
6. Any person seeking a determination from the Construction Official that a Certificate of Continued Occupancy is not required prior to the sale of any existing building, dwelling unit or residence shall pay to the Township a fee of two hundred fifty (\$250.00) dollars for such determination.
7. Notwithstanding anything to the contrary herein, anyone who obtains title or held an ownership interest without first obtaining a Certificate of Continued Occupancy shall be fully responsible and liable under this ordinance.
8. To the extent that an owner fails to obtain a Certificate of Continued Occupancy and closes title, the owner shall remain liable for a separate violation on each day until a Certificate of Continued Occupancy is issued. This continuing violation for each and every day shall be consistent with Section 25-59b.
9. Any person who serves as an agent, employee or representative of any party to a real estate transaction, including but not limited to any licensed real estate broker, attorneys for seller, buyer, and/or lender may be found liable for a violation hereunder and punished to the full extent of the law.
10. Upon inspection of any building, premises, apartment or any other dwelling unit, the construction official, upon finding that the dwelling unit contains only minor violations of this chapter which are not related to the health, safety and welfare of a prospective tenant so as to prohibit occupation of the tenant, may allow a temporary certificate of continued occupancy to be issued which shall be conditioned upon the property owner's, landlord's or tenant's complying with the provisions of this chapter and the Uniform Construction Code within a reasonable period of time not to exceed 30 days or as per the construction official in writing from the issuance. A permanent Certificate of Continued Occupancy, when all requirements are met within the given time period, shall have no additional fee.



SAMPLE FLOOR PLAN LAYOUT



TOWNSHIP OF WEST ORANGE

415 VALLEY ROAD, WEST ORANGE, N.J. 07052

FIRE DEPARTMENT

FIRE PREVENTION BUREAU

E-mail: Fireprev@westorange.org/Fireofficial@westorange.org

Susan McCartney
Mayor

Tel: (973) 325-4175

Fax: (973) 669-1080

Anthony Vecchio
Fire Chief

Capt. Joseph Matullo
Fire Official

Fire Safety Registration Form

All occupancies should be registered with the exception of, owner occupied 1 and 2 family homes. Owners of possible Life Hazard Use businesses and/or Multi-Family Dwellings must complete and file this form in accordance with the Uniform Fire Safety Act N.J.A.C. 52:27D-192 et seq. Failure to do so may result in a penalty of up to \$1,000.00.

Type of

Business/Property: _____

1. Is your business/property (check one):

☐ Convenience Store ☐ Deli ☐ Hair/Nails ☐ Storage (what will be stored at facility _____)
☐ Office ☐ Retail Store (what will be sold _____) ☐ Gas Station ☐ Auto Repair
☐ Auto Body ☐ Movie Theater ☐ Restaurant (Alcohol Served ☐ Yes ☐ No) (# of tables _____)
☐ Medical ☐ Surgical ☐ Hotel ☐ Boarding House ☐ Group Home ☐ Assisted Living Facility
☐ Day Care ☐ Nursing Home ☐ Senior Building ☐ Funeral Home ☐ Education Building
☐ Multi-Family Dwelling - How many units in dwelling _____
☐ Other (Explain _____)

2. Type of ownership (check correct type)

☐ Corporation ☐ Private/Individual ☐ Partnership ☐ Condominium ☐ Cooperation ☐ LLC
☐ Government Agency ☐ Other (if other describe type here) _____

3. Business/ Corporation/Owner Mailing Address:

Name: _____
Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.

Address: _____
PO Box number or street number and name

City: _____ State: _____ Zip Code: _____

Federal Employer (Tax ID) Number _____ Social Security Number (For Private/Individual Only) _____

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its programs notification system.

Telephone: _____ Fax: _____ e-mail: _____

4. Name of Business/Property: _____

Business/Property location: _____

Suite/Room/Floor number: _____ Municipality: _____ County: _____

Block number: _____ Lot number: _____ **Telephone number of Business:** _____

Height of Building in feet _____ Number of stories _____ Square footage _____ Occupant load _____

Manager/Agent/Superintendent _____ **Hours of Operation** _____ **Number of Employees** _____

5. Fire Alarm/Sprinkler/Kitchen Suppression

Does your business/occupancy have any of the following: (Please attached Current Reports)

Fire Alarm _____ YES _____ NO
if yes, Company name and phone # _____

Sprinklers _____ YES _____ NO
if yes, Company name and phone # _____

Kitchen Suppression _____ YES _____ NO
if yes, Company name and phone # _____

6. Billing Contact:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____ **e-mail:** _____

7. BUILDING OWNER Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: _____ **Fax:** _____ **e-mail:** _____

8. Emergency Contacts:

1. **Name:** _____ **Telephone:** _____

2. **Name:** _____ **Telephone:** _____

3. **Name:** _____ **Telephone:** _____

9. Certification: I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of owner or agent completing this form

Date

Printed name of owner or agent completing this form

Title

Street address of owner or agent completing this form

City

State

Zip Code

Telephone of owner or agent completing this form

Fax

E-mail of owner or agent completing this form

Return to address on letterhead via fax, mail or e-mail.