

BOROUGH OF WALDWICK
Application Filing Information
For
Site Plan Tenant Review Applications

1. Applications are obtained in the Building Department, of the Borough of Waldwick in the Administration Offices located at 63 Franklin Turnpike. (201-652-5300).
2. The Application form shall be filled out completely and, where necessary, supplemented with additional information. If the secretary of the Board (or other designated official) determines that an application is not complete, the Applicant shall be advised of the specific deficiencies within 45 days, otherwise it shall be deemed to be complete.
3. The Applicant shall obtain certification from the Tax Collector indicating that taxes are paid in full. A form is included in the Application packet.
4. Completed Applications and fees are submitted to the Municipal Clerk at the Administration Offices located at 63 Franklin Turnpike.
5. Fees are submitted at the time the Application is submitted to the Municipal Clerk. Separate checks are to be made payable to "Borough of Waldwick". See specific fees as outlined on the checklist for amounts.
6. After submission of the Application and fee, your Application will be forwarded to the Planning Board and you will be notified of the date of your hearing. Planning Board Formal Sessions are held the first Wednesday of each month (variations may occur due to holidays), at 7:30 p.m. in the auditorium of the Administration Building, 63 Franklin Turnpike.
7. **If you are a corporation, an attorney must represent you at the time of your formal hearing.** If you are an individual, you must be present at the hearing.
8. Your Application should be submitted ten days prior to the formal session.
9. **After your hearing and upon receipt of a favorable Resolution prepared by the Board Attorney, Application for Certificate of Occupancy must be made with the Building Department. Do not take occupancy of any space without receiving the certificate of occupancy and tenant space inspection. Additional inspection fees may be required at that time.**

**BOROUGH OF WALDWICK
APPLICATION CHECKLIST**

Site Plan Tenant Review

APPLICANT'S NAME _____ **TELEPHONE** _____

E-Mail: _____

Applicant's Address _____

Site Address _____
Block _____ **Lot** _____ **Zone** _____

Applicant's Attorney's Name _____

Applicant's Attorney's Address _____
(If a corporation, an Attorney is necessary at the time of the Hearing)

The following documents, stapled and folded, should be submitted to the **Borough Clerk** with Fees:

Original and fifteen copies of the Following:

_____ **Application Forms A-H**
_____ Site Plan showing all parking and dedication of spaces.

Fees: Separate checks made payable to "Borough of Waldwick"

_____ **Application Fee: \$50.00**

_____ **LEGAL ESCROW: \$75.00**

*Please note that additional escrow fees may be required
during the application process as determined by the professional.*

Upon receipt by the Planning Board of the above documents and fees submitted to the Municipal Clerk, a hearing date will be scheduled.

Please Note: After your hearing and upon receipt of a favorable Resolution prepared by the Board Attorney, Application for Certificate of Occupancy must be made with the Building Department. Do not take occupancy of any space without receiving the certificate of occupancy and tenant space inspection. Additional inspection fees may be required at that time.

**BOROUGH OF WALDWICK
APPLICATION FORM**

Site Plan Tenant Review

Completed by Board:

Application No. _____

Date Received by Board _____

Hearing Date: _____

COMPLETED BY APPLICANT:

Name of Applicant: _____

Address of Applicant: _____

Telephone: _____ **E-Mail:** _____

Applicant's Attorney's Name: _____

Telephone: _____
(Attorney is needed if Applicant is a Corporation)

Address of Premises _____

Name of Owner of Premises: _____

Block _____ **Lot** _____ **Zone** _____

Square footage of leased area/building _____

1. Name of Proposed Business: _____

2. Type of Proposed Business: _____

3. Type of product and/or material storage: _____
Specify if material is flammable or toxic.

4. Hours of Operation: _____

5. Days of Operation: _____

6. Number of Employees: _____

7. Proposed Exterior Alterations to Site: _____

8. Proposed Interior Alterations to Site: _____

9. Proposed Signage: _____

10. Name of Former business: _____

11. Nature of Former Business: _____

12. Parking Information:

A sketch of the parking area is to be submitted with the Application

a. Total Number of on-site Parking Spaces: _____

b. Total Number of Handicap Parking Spaces: _____
(Total number of handicap parking spaces which are required by the
State of New Jersey that are on the site.
All handicap stalls are to meet the
State of New Jersey requirements as to size and signs.)

c. Size of all Parking Stalls: _____

d. Number of Parking Spaces assigned to the Applicant: _____

e. List other tenants and parking spaces allocated to each:

Tenant Name	# of Stalls	Previous Application # of Stalls	Date	Spaces

f. Submit a Site Plan showing all parking stalls and indicate the stalls that are dedicated to the existing and new tenant. All parking areas are to be paved, stripped and sized as per the current Waldwick Zoning Code.

13. Authorization by Owner:

_____ is hereby authorized to file this application with the
Waldwick Planning Board.

Owner: _____ **Date:** _____
(Printed)

Owner: _____
(Signature)

14. Certification by Applicant:

The undersigned applicant does hereby certify that all of the statements contained in this application are true, and that all taxes on the property which is the subject of this application have been paid.

Applicant: _____ **Date:** _____
(Printed)

Applicant: _____
(Signature)

Please Note: After your hearing and upon receipt of a favorable Resolution prepared by the Board Attorney, Application for Certificate of Occupancy must be made with the Building Department. Do not take occupancy of any space without receiving the certificate of occupancy and tenant space inspection. Additional inspection fees may be required at that time.

Updated April 2011

Form B

**BOROUGH OF WALDWICK
PLANNING BOARD
CERTIFICATION OF PAYMENT OF TAXES**

(To be filled out by Applicant:)

Date: _____

Lot: _____

Block: _____

Name _____

Address: _____

This is to certify that all property taxes due or delinquent have been paid on the above property.

(To be dated and signed by Tax Office:)

Date

Tax Collector

This completed form is to be included with your Application Submittal.

Form C

**BOROUGH OF WALDWICK
Bergen County, New Jersey**

Zoning Officer's Report

(This portion to be completed by Applicant):

Applicant's Name: _____

Address: _____ **Telephone**

Site Location Address: _____

Block: _____ **Lot** _____ **Zone** _____

Comments by Zoning Officer:

Dated:

Zoning Officer

Form D

**Borough of Waldwick
Bergen County, New Jersey
PUBLIC WORKS AND WATER REPORT**

(This portion to be filled out by Applicant):

Applicant's Name: _____

Applicant's Address: _____ **Telephone:** _____

Site Location: Address: _____

Block _____ **Lot** _____ **Zone:** _____

Water Requirements in gallons per day for proposal: _____

How was this number derived _____

Types of waste water generated: _____

Will fire sprinkler system be installed in any structure covered by this Application?

Please note that a separate service must be put in for each unit. The Water Department will approve the service connections for each unit. All business properties must have service connection for sewer and water for each unit applied for. ***Please note that additional fees as required by the Water Department will be imposed for service connections.***

Comments by Public Works Department:

Dated: _____

Department of Public Works

Comments by Water Department:

Dated: _____

Water Department

Form E

BOROUGH OF WALDWICK
Bergen County, New Jersey

Health Department's Report

The sale of packaged food, candy, etc. will require approval by the Board of Health.

(This portion to be completed by Applicant):

Applicant's Name: _____

Address: _____ **Telephone**

Site Location Address: _____

Block: _____ **Lot** _____ **Zone** _____

Comments by Health Department:

Dated:

Health Department

Form F

**Borough of Waldwick
Bergen County, New Jersey**

Traffic Report

(This portion to be completed by Applicant):

Applicant's Name: _____

Applicant's Address: _____ **Telephone:** _____

Site Location:

Address: _____

Block _____ **Lot** _____ **Zone** _____

Comments by Police Department:

Dated: _____

Traffic Division
Waldwick Police Department

**Waldwick Police Department**

201-652-5700

Business File**Business Name:** _____**Address:** _____ **Room/Suite#** _____**Phone #** _____ **Fax#** _____**E-Mail** _____**Emergency Contacts - They will be contacted in order.****Name 1:** _____ **Phone#** _____**Address:** _____**E-Mail:** _____**Name 2:** _____ **Phone #** _____**Address:** _____**E-Mail:** _____**Name 3:** _____ **Phone#** _____**Address:** _____**E-Mail:** _____**Business Information:****Business Owner:** _____ **Phone#** _____**Address:** _____**E-Mail:** _____**Building Information****Building Owner:** _____ **Phone#** _____**Building Owner's Address:** _____**Building Owner's e-mail:** _____**Are there any hazardous materials on the premises?** _____



Waldwick Police Department

201-652-5700

BUSINESS ALARM REGISTRATION FORM

Business Name: _____ Phone # _____

Address: _____ Room/Suite# _____

E-Mail _____

Business Owner's Name _____ Phone # _____

Address: _____ E-Mail: _____

Check only one of the following:

 Dialer Alarm: (\$25.00 Registration Fee) This is an alarm that is connected with the Police desk through the phone lines. This pre-recorded message **MUST** be programmed to call 201-652-1423 and cannot send a message for more than 15 seconds and cannot be programmed to call more than three (3) times per activation.

 Central Alarm: (\$30.00 Registration Fee) This alarm is connected to a private alarm service company who will contact the Police upon receipt of an alarm. The central station **MUST** call the Police at 201-652-1423.

 Audible Alarm: (\$30.00 Registration Fee) This alarm is designed to alert your neighbors by the use of a horn, bell or siren. Please note that this type of alarm **MUST** automatically reset within 15 minutes.

Complete the following for Central Station Alarms:

Alarm Company: _____ Phone _____

Address _____ E-Mail _____

In the event of an emergency and the Business Owner is unable to be contacted, please list two (2) people that the Police Communications Officer may contact. The two people listed should have the Cancellation Code and Key to your business.

Emergency Contact #1: _____ Phone# _____

Address: _____

E-Mail: _____

Emergency Contact #2: _____ Phone # _____

Address: _____

E-Mail: _____

Please make all checks payable to the BOROUGH OF WALDWICK and return this form to the Borough Clerk's Office, 63 Franklin Turnpike, NJ 07463

(Official Use Only)

Date Received _____ Received by: _____ Permit # _____