

Borough of Rockaway
1 East Main Street
Rockaway, NJ 07866
973-627-2000



ZONING PERMIT – USE

Applicant's Name: _____

Applicant's Address: _____

Business Name: _____

Business Address: _____

Phone (day): _____ Phone (evening): _____

Block: _____ Lot: _____ Zone: _____

1. Describe the previous use of the property: _____

2. Describe the applicant's proposed use: _____

3. Has the property ever been subject to any Planning Board or Zoning Board of Adjustment approvals?
Yes / No / Unknown (circle one)

4. Are any licenses required to conduct this business? If so, state who issues license and expiration date: _____

5. Number of Employees: Full-time: _____ Part-time: _____

6. Hours of operation/days per week: _____

7. Parking: Number of spaces provided on site: _____
Number of spaces provided for applicant's use: _____
Number of commercial vehicles parked on site: _____

A current survey showing proposed parking plan for this application is required to be submitted.

8. Signs: Total number of signs existing: _____ Total number of signs proposed: _____
Illuminated? Yes / No (circle one)

Location: _____

9. Exterior Lighting: present number: _____ proposed number: _____

Hours of operation/days of week: _____

10. Are any hazardous materials proposed to be used? If so, state what type; how disposal is handled; and do any County, State or Federal Authorities regulate such materials?

11. Will any odors be released for applicant's activities: If so, how does the applicant propose to control the release of odors?

12. State name, address, phone number of garbage hauler:

13. State name, address, phone number of recycling hauler:

A plot plan or survey map of the property showing the dimensions of the property, number and location of structures, lighting, parking, etc. must be submitted.

Application fee: \$100.00

NOTICE TO ALL APPLICANTS AND OWNERS

The applicant and/or owner certify that the following information contained in this application is true and accurate. The applicant understands that the Zoning Officer of the Borough of Rockaway will rely on this information submitted in determining whether to approve this continued occupancy. If a permit is issued and the Zoning Officer determines that any of the information supplied in this application is untrue in any respect, the permit may be revoked and/or such other action taken. If the permit is revoked, the applicant and owner may be required to cease the occupancy of the building for such use until such time as the applicant and owner shall conform to the then applicable ordinances of the Borough of Rockaway. The issuance of any permit shall not relieve the applicant and owner from complying with any other applicable law, rule or regulation duly enacted by the Borough of Rockaway.

Date Applicant's Name (please print) Applicant's Signature

Date Owner's Name (please print) Owner's Signature

FOR OFFICE USE ONLY

Approved: Yes / No

Reason for denial/comments: _____

Date Zoning Officer

Payment Information: _____