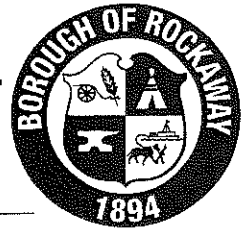


ZONING PERMIT - USE

# Borough of Rockaway



MUNICIPAL BUILDING • 1 EAST MAIN STREET • ROCKAWAY, NEW JERSEY 07866

APPLICANT'S NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE (day): \_\_\_\_\_ (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: # of spaces provided on site: \_\_\_\_\_  
# of spaces provided for applicant's use: \_\_\_\_\_  
# of commercial vehicles parked on site: \_\_\_\_\_

8. Signs: total # of signs existing: \_\_\_\_\_ total # of signs proposed: \_\_\_\_\_  
illuminated? yes \ no (circle one)  
Location: \_\_\_\_\_

9. Exterior Lighting: present #: \_\_\_\_\_ proposed #: \_\_\_\_\_  
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 of garbage hauler: \_\_\_\_\_  
\_\_\_\_\_

13. State name, address, phone 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 is \$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 the 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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

-----  
**FOR OFFICE USE ONLY**

Approved: yes \ no

Reason for denial/comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer

payment info: \_\_\_\_\_



**ROCKAWAY BOROUGH POLICE DEPARTMENT**

33 MAPLE AVENUE  
ROCKAWAY, NEWJERSEY 07866



CONRAD PEPPERMAN  
Chief of Police

(973) 627-1314  
FAX: (973) 627-2552

Dear Business Owner/Manager:

The Rockaway Borough Police Department is currently updating our business file and we would like you to supply the following information:

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

EMERGENCY NUMBERS TO BE CONTACTED AFTER BUSINESS HOURS:

PERSON

TELEPHONE

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Thank You,

Rockaway Borough Police Department