

APPLICATION FOR ZONING VERIFICATION

City of Woodbury, Joint Construction / Zoning Inter-local Services
33 Delaware Street, Woodbury, NJ 08096 / Tel 856.845.1300 x127 Fax 856.686.0230

OFFICIAL USE ONLY

Date Rec'd _____

	WOODBURY		WESTVILLE
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\$ 10.00 APPLICATION FEE DUE AT TIME OF SUBMISSION

DATE PAID: _____ **PAID BY:** _____ **CASH** _____ **CHECK #** _____

DIRECTIONS

All interested businesses must complete this application to ensure the proposed type of business is allowed in the district you have chosen. Make sure you fill out the sides of the application.

PRINT ALL INFORMATION CLEARLY

- **ALL** SECTIONS (A, B & C) OF THE APPLICATION **MUST BE COMPLETED IN FULL**

	NEW BUSINESS		BUSINESS OWNERSHIP CHANGE ONLY		BUSINESS NAME CHANGE
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SECTION A - To be completed by Property Owner/Agent (Application must be signed by Property Owner/Agent)

- **SITE ADDRESS** of premise requesting zoning verification / permit :

• Unit #	• Block #	• Lot #
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- **PROPERTY OWNER NAME:** _____

CORPORATION / LLC NAME: _____

MAILING ADDRESS: _____

Tel - _____ Cell _____ Fax _____

- I (please print) _____ authorized agent for owner / owner of property, give permission for proposed tenant to use proposed portion of this building and give authorization to obtain required construction permits if applicable; have work done as necessary by the NJ Licensed contractors.

- **Signature of property owner or authorized agent is required**

SECTION B - To be completed by Property Owner / Agent OR Proposed Tenant

- **APPLICANT NAME** (PERSON) _____
PERSONAL MAILING ADDRESS: _____
Tel _____ Cell _____ Fax _____
- **AGENT FOR TENANT:** _____
MAILING ADDRESS: _____
Tel _____ Cell _____ Fax _____
- **PROPOSED TENANT** (BUSINESS OWNER'S NAME) _____
PERSONAL MAILING ADDRESS: _____
Tel _____ Cell _____ Fax _____
- **PROPOSED NAME OF BUSINESS:** _____

SECTION C - To be completed by Property Owner/Agent OR Proposed Tenant:

- **STATE PRIOR USE(S) OF PROPERTY/ UNIT** _____

TYPE OF PROPOSED BUSINESS :

	Food Service		Retail
	Industrial		Manufacturing
	Warehousing		Medical
	Auto		Office
	OTHER:		Distribution

- **DESCRIBE IN DETAIL:** (The activity to be conducted in the principal building and any accessory building)

- 1. Has the premise(s) been the subject of any prior application to the Planning/Zoning Board ?
____ No ____ Yes: **If yes**, date appeared before the board: _____
- 2. Is the premise building / unit **vacant** ? ____ No ____ Yes: **If yes**, how long ? _____
- 3. Indicate on survey/site plan any existing and/or off street parking or describe on separate sheet (attach to applic)
- **ADDITIONAL INFO** (If you need special service or usage of any of the following):
- **What if any renovations, alterations or improvements do you plan to make to the site/building ?**
(Signage, Building, Electric, Plumbing, burglar or Fire Alarm, Major alterations/renovations, Addition, retaining walls, Fencing, Solar, energy , shed, garage, HVAC, etc... / Misc – **List in Detail**)