

Identification

Block	Lot	Zone
Property Address, City, State, Zip		
Property Owner		
Owner Address, City, State, Zip		
Phone	Cell	E-mail

Contractor

Name		
Address, City, State, Zip		
Phone	Cell	E-mail

Type of Zoning Permit

Select any that apply and complete the corresponding sections below (all zoning permits require a survey):

☐ **1. Construction** (see Coverage Worksheet on reverse)

- ☐ Addition ☐ New dwelling/building ☐ Accessory structure ☐ Parking lot ☐ Driveway ☐ Deck ☐ Patio ☐ Shed ☐ HVAC
☐ Generator ☐ Retaining wall ☐ Outdoor seating ☐ Fence ☐ Other: _____
 a) Total lot area as per attached survey: _____ sq. ft.
 b) Was prior Land Use Board approval received? Y/N (if yes, resolution #: _____)
 c) Are there any wetlands, flood zones, restrictions, easements, or limitations on site? Y/N
 If yes, describe: _____
 d) Are there any open building permits/unfinished projects on this property? Y/N
 If yes, describe: _____
☐ Valid survey included

☐ **2. Business Tenant/Use Change**

- a) Existing use and business name: _____
 b) Proposed use/business name: _____
 c) Proposed hours: M ___ - ___ T ___ - ___ W ___ - ___ Th ___ - ___ F ___ - ___ Sa ___ - ___ Su ___ - ___
 d) Proposed number of employees: _____
 e) Gross floor area you will occupy: _____
 f) Will there be any storage or handling of chemicals or hazardous substances?
 If yes, describe: _____
 g) Proposed alterations to building exterior: _____
 h) Existing number of parking spaces: _____ Proposed number of parking spaces: _____
 i) Garbage facilities available on site? Y/N j) Company vehicles/overnight parking? Y/N k) Restrooms provided? Y/N
 Describe: _____

☐ **3. Signage/Awning** (see Signage Worksheet on reverse)

- ☐ Temporary ☐ Banner ☐ Canopy/Awning ☐ Window ☐ Sandwich board/freestanding ☐ Building-mounted: ___ Blade ___ Flush mount

Any incorrect or falsified information will render this application and approval VOID. Applicant certifies all information is true and accurate.

Applicant's signature: _____

Date: _____

Property Owner's signature: _____

Date: _____

BOROUGH OF NEW PROVIDENCE

COMMERCIAL COVERAGE WORKSHEET

Complete the table below. Some entries require both a number and percent. Attach a copy of the current survey showing the location of the proposed construction, a set of floor plans, and elevation drawings to show all elevations affected by addition. Show all calculations used to derive your figures.

	Required	Existing	Proposed	Comments	Variance?
Lot Area (Sq. ft.)					
Lot Width (at setback line)					
Front Yard					
Rear Yard					
Side Yard					
Cumulative Side Yard					
Building* Coverage %					
Impervious Coverage** %					
Building Height*** (feet/stories)					

*area of all covered or roofed areas on the lot excluding overhangs, bay windows, chimneys, or roof overhangs projecting up to 18" from the structure. Includes any deck, terrace, or porch with a vertical face higher than 3' above average grade expressed as a percentage of total lot area.

**a rea covered by all buildings, paving, sidewalks, swimming pools, patios, and similar structures expressed as a percentage of the total lot area.

*** vertical distance of a structure measured from the average elevation of the original grade surrounding the structure to the mean of the roof.

SIGNAGE/AWNING PERMIT WORKSHEET

Location on façade with distance from: Ground: _____ Left side: _____ Right side: _____ Roof: _____	Building Width: _____	Sign length: _____ Width: _____ Depth: _____
Illumination? Y/N Type: _____	Background Color: _____	Lettering style: _____ Size: _____ Color: _____
For window signs, total window area: _____	<input type="checkbox"/> Color rendering of proposed sign <input type="checkbox"/> Photo of existing façade <input type="checkbox"/> Rendering of sign as it would appear on façade	
For temporary signs, duration requested: <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> Other: _____		

For office use only:

Fee paid (as per §310) \$ _____ Date ____/____/____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
1. Conforms to setback/bulk requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Permitted use in zone? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Max building coverage allowed: _____ Conforms? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Max lot coverage allowed: _____ Conforms? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Max floor area allowed: _____ Conforms? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Prior Approval Needed (<input type="checkbox"/> Health Dept <input type="checkbox"/> Engineering <input type="checkbox"/> Land Use Board)		
<input type="checkbox"/> Waiver of site plan approval granted		
_____ Zoning Officer		_____ Date
_____ Date		_____ Health Department
_____ Date		_____ Date

