



# MONTVILLE TOWNSHIP WAIVER OF SITE PLAN APPLICATION

(Chapter 230, Section 37)

Questions? Contact Planning & Zoning Office at (973) 331-3319 or [rpconklin@montvillenj.org](mailto:rpconklin@montvillenj.org)

## Welcome to Montville!

All new retail and commercial tenants are required to apply for a request for "Waiver of Site Plan" prior to occupancy. The issuance of zoning permit, if a Construction permit is not required, serves as the "CO" for the use.

### Municipal Staff Use Only

Date Filed: _____	\$250 Fee Rc'd: _____	Escrow Deposit (if necessary): _____	Waiver No.: _____
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Planning Board or subcommittee meeting date \_\_\_\_\_  Approved  Denied  
Zoning Permit Issued: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Health Department meeting date \_\_\_\_\_

### APPLICANT TO FILL OUT OVERVIEW OF PROCESS

#### SCHEDULING OF MEETING

All COMPLETE waiver applications must be submitted seven (7) days prior to a meeting in order to be placed on the agenda. The waiver will either be approved or denied by the Planning Board subcommittee or Planning board. For any application for a property that had a site plan approved more than seven (7) years ago, is requesting storage of hazardous materials, is requesting a change to the façade, or has outstanding violations the Planning Board Subcommittee or Planning Board may require a new site plan be submitted.

#### REQUIRED REPORTS

Approval from Health, Traffic Safety, Water & Sewer, & Construction are required. Any Planning Board or Planning Board subcommittee approval for a waiver is conditioned upon approval from these departments and compliance with any conditions of their reports. It may take a few weeks after your approval by the Planning Board or subcommittee to receive these reports.

#### HEALTH DEPARTMENT

Please be advised that the Health Department may require a separate approval and appearance before the Health Department can approve any application. Any Planning Board subcommittee approval is conditioned upon this approval.

#### ZONING PERMIT

Once ALL APPROVALS have been received, a zoning permit will be issued. This permit is considered your "certificate of occupancy" to tenant the building and open the business unless building permits are required by the Construction Department.

**\*\*The following information MUST be submitted in order to process the application and schedule a hearing:**

**SECTION 1: Cover letter**

Please submit a cover letter explaining the proposed operations on the site or business or marketing information fact sheet or overview with the completed application and fees.

**SECTION 2: Safety Data Sheets & List of Hazardous Substances**

A listing of chemicals and substances (along with their material safety data sheets) that may be used or stored at the facility, including their quantities MUST BE submitted in advance of the waiver hearing otherwise the waiver may be rescinded. If no hazardous materials will be stored or utilized, please sign below:

I do not propose to store or utilize any hazardous substances on the premises or as part of any on-site operation.

Signature of applicant \_\_\_\_\_ Printed Name: \_\_\_\_\_

#### SECTION 3: Fees

- \$250 Waiver Filing fee - Submit with application directly to Planning & Zoning Office - made payable to "Montville Township"
- \$25 Zoning Permit fee - Submit with application directly to Planning & Zoning Office - made payable to "Montville Township"
- \$75 Fire Prevention Plan Review fee - MAIL COMPLETE APPLICATION PACKAGE DIRECTLY to appropriate Fire Prevention Bureau \*\*Fire District is \_\_\_ Pine Brook \_\_\_ Montville \_\_\_ Towaco

#### SECTION 4: Applicant & Owner Information

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Has a site plan been approved within the last seven (7) years? Y / N

Proposed Tenant/Business Name: \_\_\_\_\_/\_\_\_\_\_ Proposed Square Feet \_\_\_\_\_

Property Location Address: \_\_\_\_\_ Pine Brook \_\_ / Montville \_\_ / Towaco \_\_

Unit / Bldg: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Prior Use (if known): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Address (Current): \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Owner \_\_\_\_\_ Contact Name \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**SECTION 5: Prior Approvals (if known)**

Application No(s): \_\_\_\_\_ Year(s) \_\_\_\_\_

Application No(s): \_\_\_\_\_ Year(s) \_\_\_\_\_

**\*\* Per Ordinance Section 230-37 please note that for any application for a property that had a site plan approved more than seven (7) years ago, the Planning Board Subcommittee or Planning Board may require a new site plan be submitted.**

**SECTION 6: Signature of Applicant - REQUIRES NOTARY**

**\*APPLICANT ATTESTS THAT ALL INFORMATION IS ACCURATE\***

Signature of applicant \_\_\_\_\_ Printed Name: \_\_\_\_\_

*Notary:*

Sworn to and subscribed, before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
A Notary Public of \_\_\_\_\_

**SECTION 7: Affidavit of Ownership Granting Permission - REQUIRES NOTARY**

**\*FILL OUT IF APPLICANT IS NOT PROPERTY OWNER\***

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ as Owner of Block: \_\_\_\_\_ Lot: \_\_\_\_\_ of full age, being duly sworn according to law, with a mailing address of \_\_\_\_\_ verifies and acknowledges as the owner in fee of all said lot, piece or parcel of land referenced herein that I authorize tenant / applicant

\_\_\_\_\_ to file this application. I also acknowledge I understand that any conditions and/or requirements imposed at the time this tenancy is reviewed by the municipally is also an obligation imposed upon the owner of record.

Dated: \_\_\_\_\_

(Owner's Signature)

Sworn to and subscribed, before me.  
This \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
A Notary Public of \_\_\_\_\_

**SECTION 8: Company Information**

Days / Hours of Operation

Are you requesting a 24 hour operation? Yes\_\_\_ No \_\_\_\_\_

DAYS	HOURS OF OPERATION
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Number of Employees

SHIFT	SHIFT HOURS	NUMBER OF EMPLOYEES
SHIFT 1		
SHIFT 2		
SHIFT 3		
SHIFT 4		

Number and Type of Commercial Vehicles (Type / Size) \_\_\_\_\_

Overnight Parking of Commercial Vehicles or Vans? Y/N If Yes, what type? \_\_\_\_\_

**SECTION 9: Site Plan Information**

FLOOR PLAN - Showing reflecting the breakdown of your business area in square footage for office use, retail, & warehouse, cafeteria use, bathrooms, storage areas, other.

**\*\*If multiple tenants exist on site supply the names and square footage of each tenant**

PARKING CHART with parking requirements of each tenant and location of commercial vehicles. Add more sheets if necessary.

TENANT NAME / USE	SQUARE FEET	PARKING REQD (Parking Schedule Attached)	PARKING PROVIDED

SITE PLAN (most recent) reflecting existing building & parking lot layout. Indicate the number of parking spaces required for your business needs.

AERIAL PHOTO (8"x10") of site (e.g. Google, Bing)

SIGN DETAILS for any new sign. Submit details and depict location on map, total square footage, height, type of font and letter size, as well as construction materials and any illumination.

*\* Sign Permit Fee not required if signage approved with this occupancy request.*

NEW LIGHTING (Yes) \_\_\_ (No) \_\_\_ If yes, provide details and indicate location on site plan

OUTDOOR STORAGE (Yes) \_\_\_ (No) \_\_\_ If yes, depict type and location on site plan.

*\*If new, screening or buffering may be required and may require a site plan*

**SECTION 10: Board of Health Information**

1. Provide a listing of chemicals and substances (along with their material safety data sheets) that may be used or stored at the facility, including their quantities. (Additional information may be requested by the Health Inspector, Officer or Board of Health dependant upon intended use of the facility.)

**Provided? Y \_\_\_ N \_\_\_ \*If not provided, signed acknowledgement must be made at SECTION 2.**

2. Is the site serviced by municipal water? Y / N Is there a well? Y/N Is it in operation? Y / N Date of last test:

\_\_\_\_\_

3. Is the site serviced by municipal sewer? Y / N Is there a septic system? Y / N

4. What is the size of the garbage / refuse containers?

\_\_\_\_\_

5. What is the name of the garbage hauler?

\_\_\_\_\_

6. How often is pick-up service?

\_\_\_\_\_

7. Will the building be served by a mobile food vendor truck? Y / N If yes, what are the hours?

\_\_\_\_\_

8. What is the name of the food vendor?

\_\_\_\_\_

9. Will there be vending machines? Y/ N

**CHAPTER 230**  
**TOWNSHIP OF MONTVILLE MUNICIPAL CODE**  
**SCHEDULE E**  
**Off-Street Parking Requirements**

<b>Type of Building or Use</b>	<b>Minimum Number of Parking Spaces</b>
<b>Residential</b>	
One- and two-family dwellings	Per Residential Site Improvements Standards (RSIS)
Townhouses and apartments	Per Residential Site Improvements Standards (RSIS)
Adult community housing	Per Residential Site Improvements Standards (RSIS)
Senior citizen housing	Per Residential Site Improvements Standards (RSIS)
Age-restricted housing	Per Residential Site Improvements Standards (RSIS)
<b>Nonresidential</b>	
Animal hospital or clinic	1 per 400 square feet GFA
Assisted living facility	Per Residential Site Improvements Standards (RSIS)
Automatic car wash	2 per service bay or lane, plus 1 per employee on peak shift <sup>1,2</sup>
Banks and financial institutions	
With drive-through facilities	1 per 300 square feet GFA
Without drive-through facilities	1 per 200 square feet GFA
Bars and taverns	0.5 per seat
Bowling alley	5 per bowling lane
Building materials and contractor's yards	1 per 400 square feet GFA, plus 1 per 5,000 square feet outdoor display area
Business and vocational schools	1 per 200 square feet GFA
Child-care center	1 per 150 square feet GFA
Community residence/community shelter	1 per employee, plus 1 per 5 residents
Computer and data processing center	1 per 200 square feet GFA
Convention, conference and corporate training center	1 per 4 seats based on design capacity of the building, or 1 per 200 square feet GFA, whichever is greater <sup>3</sup>
Country clubs	See §230-198.M.
Elder-care center	1 per employee at maximum shift, plus 1.0 per 10 enrollees
Funeral home, mortuary	1 per 3 seats in the chapel
Garage, public	1 per gasoline pump, grease rack or similar service area, plus 1 per 500 square feet GFA of shop or garage <sup>1</sup>
Greenhouse, garden center	1 per 300 square feet GFA, plus 1 per 2,500 square feet outdoor display area
Health and fitness center	1 per 200 square feet GFA
Hospital	3.9 per patient bed
Hotel, motel	1.2 per sleeping room
Indoor tennis, racquetball and similar court sports	3 per court
Kennel	See §230-165.H.
Laboratories for research, design and experimentation	1 per 500 square feet GFA
Laundromat	1 per 300 square feet GFA
Manufacturing, fabrication, packaging and treatment of products	1 per 500 square feet GFA
Medical clinics and laboratories	1 per 200 square feet GFA
Motor vehicle sales, new	1 per 400 square feet GFA, plus 1 per 5,000 square feet outdoor display area and 1 per service bay
Motor vehicles service station	1 per gasoline pump, grease rack or similar service area <sup>1</sup>
Moving and storage operations	1 per 1,500 square feet GFA
Museum, art gallery, library	1 per 300 square feet GFA
Nonprofit club, lodge, civic and fraternal organization	1 per 150 square feet GFA
Nursing home	0.5 per patient bed
Offices for business, professional and administrative purposes	1 per 250 square feet GFA
Personal service establishments:	
Dry cleaning	1 per 700 square feet GFA
Personal care services, including barber and beauty shops, nail salons, etc.	2 per treatment station, or 1 per 200 square feet GFA, whichever is greater

Other personal service establishments not specifically listed	1 per 200 square feet GFA
Place of worship	0.3 per seat of fixed capacity (benches or pews shall be considered as 1 seat per 24 linear inches), or 1 per 50 square feet GFA if no fixed seats
Plumbing, heating, electrical supply and air conditioning shops/showrooms	1 per 400 square feet GFA
Printing and duplication	1 per 300 square feet GFA
Professional studio for photography and fine arts	1 per 200 square feet GFA
Public buildings and uses, excluding public utility buildings and power-generating stations	1 per 250 square feet GFA
Residential health care facility	0.5 per patient bed, or 0.5 per dwelling unit if facility contains individual dwelling units
<b>Restaurants:</b>	
Sit-down restaurant, with bar	0.5 per seat
Sit-down restaurant, without bar	0.3 per seat
Fast-food restaurant, with drive-through	1 per 100 square feet GFA
Fast-food restaurant, without drive-through	
Hamburger	1 per 80 square feet GFA
Non-hamburger	1 per 120 square feet GFA
<b>Retail stores and shops:</b>	
General retail (not in shopping center)	1 per 250 square feet GFA
Grocery store (freestanding)	1 per 200 square feet GFA
Big box/superstore (freestanding)	1 per 200 square feet GFA
Furniture, appliances, other heavy/hard goods	1 per 400 square feet GFA
<b>Shopping centers:</b>	
< 400,000 square feet GLA	1 per 250 square feet GLA
400,000 to 599,999 square feet GLA	1 per 225 square feet GLA
600,000 > square feet GLA	1 per 200 square feet GLA
School, public and private, teaching academic subjects	0.3 per student
School bus storage and maintenance	1 per 1,500 square feet GFA
Self-storage facilities	1 per 2,500 square feet GFA
Stable and arena, commercial	0.3 per seat, or per person in permitted capacity if no seats
Studio for instruction of voice, art, dance, martial art and musical instrument	1 per 200 square feet GFA
Theaters, indoor	0.3 per seat
Warehouse	1 per 1,500 square feet GFA
Wholesale distribution center	1 per 500 square feet GFA

**Footnotes to Schedule E:**

GFA = gross floor area

GLA = gross leasable area

<sup>1</sup> See §230-147 for additional parking requirements relating to accessory commercial or personal service uses.

<sup>2</sup> See §230-147.K.3. for additional stacking requirements.

<sup>3</sup> Convention, conference and corporate training centers which are accessory to a hotel shall have a parking requirement of 1 space per 100 square feet GFA, which shall be in addition to the minimum parking requirement for the hotel itself.

**Additional requirements relating to Schedule E:**

- (1) Any building containing more than one (1) use shall meet the combined parking space requirements for all uses in the building. Any change in use within a building shall be required to meet the minimum parking requirements for the new use.
- (2) If it can be clearly demonstrated that, because of the peculiar nature of any use, all the required parking is not necessary, the Planning Board may permit a reduction in the amount of parking area to be paved; provided, however, that the entire required parking area shall be shown on the site plan so that it will be available should future conditions require it.
- (3) For any use not listed above, there shall be provided at least one (1) parking space for each two hundred (200) square feet of floor area, unless otherwise required by the approving authority.



Zoning Permit No.: \_\_\_\_\_

# MONTVILLE TOWNSHIP ZONING PERMIT FOR WAIVER OF SITE PLAN - NEW TENANT

### Questions?

Contact Ryan P. Conklin, Zoning Officer at [rconklin@montvillenj.org](mailto:rconklin@montvillenj.org) or  
Anthony Petrillo, Assistant Zoning officer at [apetrillo@montvillenj.org](mailto:apetrillo@montvillenj.org) (973) 331-3320 fax (973) 334-0180

## -----APPLICANT TO FILL OUT-----

**SECTION 1: Property Information** Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Location Address: \_\_\_\_\_ Pine Brook \_\_ / Montville \_\_ / Towaco \_\_  
MAIL PERMIT TO ADDRESS (if different): \_\_\_\_\_

**SECTION 2: Property Owner Information**  
Property Owner Name \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ Company: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Do you want a copy of the permit? Yes \_\_\_ No \_\_\_

**SECTION 3: Current & Previous Approvals**  
Application No \_\_\_\_\_ Year(s) \_\_\_\_\_ Application No \_\_\_\_\_ Year(s) \_\_\_\_\_

**SECTION 4: Fees** Requesting Permit for - **Make check payable to "Montville Township":**  
O New tenant \$25.00 Waiver No \_\_\_\_\_ Tenant Company / Contact Name: \_\_\_\_\_ / \_\_\_\_\_  
Hours of operation approved \_\_\_\_\_ 24 hours Yes ( ) No ( )  
Includes sign? Yes ( ) No ( )

**\*Note: If sign was not included in original application or approved as part of Waiver Application, then a separate zoning permit must be applied for with appropriate fee.**

**SECTION 5: Signature of Owner** \*MUST be signed by property owner **NOT** contractor\*  
*Owner attests that all information shown on survey, existing and proposed, is accurate.*  
Signature of Property Owner \_\_\_\_\_ Printed Name: \_\_\_\_\_  
*Notary:* Sworn to and subscribed, before me. This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
A Notary Public of New Jersey

### -----Municipal Staff Use Only-----

( ) Approved **\*If new tenant, see Waiver Approval Letter** ( ) Denied **\*See explanation below or letter attached**  
*This is to certify that the above-described premises together with any building thereon, are used or will be used for:*  
\_\_\_\_\_  
\_\_\_\_\_

( ) Use permitted by Ordinance  
( ) Use permitted by variance approved on \_\_\_\_\_ Resolution \_\_\_\_\_  
( ) Valid nonconforming use as established by the finding of the Zoning Board of Adjustment or by the Zoning Officer

Attachments include: Resolution ( ) Plans ( ) Approval letter ( ) Other ( ) \_\_\_\_\_

Approved /Denied by: \_\_\_\_\_ Executed On: \_\_\_\_\_  
Ryan Conklin, Zoning Officer/Anthony Petrillo, Assistant Zoning Officer

Zoning - Original ( ) Construction Copy ( ) Applicant Copy ( ) Fire Dept -waiver ( ) Waiver File ( )

Amount Paid _____ Cash ___ Check ___ Receipt No. _____
--



# APPLICATION FOR CERTIFICATE

Permit # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
- or -  
Control # \_\_\_\_\_  
Certificate Application Received: \_\_\_\_\_  
Certificate Issued: \_\_\_\_\_

## IDENTIFICATION

Work Site Location \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
\_\_\_\_\_  
Contractor \_\_\_\_\_  
Owner in Fee \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_  
License No. \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ Federal Employee No. \_\_\_\_\_

## ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP \_\_\_\_\_ Previous \_\_\_\_\_ Current \_\_\_\_\_

**FINAL COST OF CONSTRUCTION:** \$ \_\_\_\_\_

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: \_\_\_\_\_  
OWNER/AGENT

- OWNER
- AGENT

U.C.C. F270  
(rev. 5/2003)



**PINE BROOK FIRE PREVENTION BUREAU**

47 Bloomfield Avenue  
P.O. Box 204  
Pine Brook, New Jersey 07058-2040  
Tel: 973-227-5504 Fax: 973-227-3232

APPLICATION FOR CERTIFICATE OF REGISTRATION

(please print or type all information)

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 8.52.110 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 8.52.120

\*\*\*\*\*  
this area office use only

Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_ Reg Fee: \_\_\_\_\_  
\*\*\*\*\*

Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: \_\_\_\_\_  
Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_  
Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contacts:  
#1: \_\_\_\_\_ Phone #: \_\_\_\_\_  
#2: \_\_\_\_\_ Phone #: \_\_\_\_\_  
#3: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

\*\*\*\*\*  
this area office use only

Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

\*\*\*\*\*

Alarm/Suppression System Information:

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Description of use/occupancy of this building/business:

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

Square Footage: \_\_\_\_\_ Block/Lot: \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

MONTVILLE FIRE PREVENTION BUREAU DISTRICT # 1  
P.O. BOX 152  
MONTVILLE, N.J. 07045  
973 334-6430

APPLICATION FOR CERTIFICATION OF REGISTRATION

Please print or type all information The Uniform Fire Code State; The owner of all business, occupancies, building, structures, or premises required to be inspected under Section 8.52.110 shall apply annually to the Local Enforcing Agency for a Certification of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt 8.52.120

\*\*\*\*\*  
this area for office use only

Local ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_ Date Registered: \_\_\_\_\_  
\*\*\*\*\*

DESCRIPTION OF USE/OCCUPANCY OF THIS BUILDING/BUSINESS

Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Other Mailing Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_

Do you Own: Lease: the property (circle one)  
Building Owners Name: \_\_\_\_\_  
Federal ID # \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Business Owner's Name: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_

Business type Individual: \_\_\_ Partnership: \_\_\_ Corporation: \_\_\_ Other State: \_\_\_  
Emergency Contacts  
Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Total Building Square Footage: \_\_\_\_\_ Business occupied Sq. Ft: \_\_\_\_\_  
Truss Roof: \_\_\_ Floor: \_\_\_ Both: \_\_\_

Fee Dee: \$ \_\_\_\_\_ Permit Fee due: \$ \_\_\_\_\_ Type: \_\_\_\_\_

I hereby acknowledge that I have read this application. that the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and as such hereby agree to comply with the application requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official. Print

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosed Check # (s) \_\_\_\_\_

FIRE PREVENTION BUREAU  
TOWNSHIP OF MONTVILLE  
DISTRICT No. 2

27 Whitehall Road • P.O. Box 353 • Towaco, NJ 07082  
(973) 334-4636 • Fax (973) 334-5911  
E-mail fpb@towacofd.org

APPLICATION FOR CERTIFICATE OF REGISTRATION

(please print or type all information)

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 8.52.110 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 8.52.120

\*\*\*\*\*  
this area office use only

Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

\*\*\*\*\*

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contacts:

#1: \_\_\_\_\_ Phone #: \_\_\_\_\_

#2: \_\_\_\_\_ Phone #: \_\_\_\_\_

#3: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

this area office use only

Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

\*\*\*\*\*

Alarm/Suppression System Information:

Describe System: \_\_\_\_\_

Monitoring Co. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Description of use/occupancy of this building/business:

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

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



**MONTVILLE TOWNSHIP  
TEMPORARY SIGNAGE PERMIT**

*Questions?* Contact:

Contact Ryan P. Conklin, Zoning Officer at [rconklin@montvillenj.org](mailto:rconklin@montvillenj.org) or  
Anthony Petrillo, Assistant Zoning officer at [apetrillo@montvillenj.org](mailto:apetrillo@montvillenj.org) (973) 331-3320 fax (973) 334-0180

**-----APPLICANT TO FILL OUT-----**

**SECTION 1: Applicant Information**

Date: \_\_\_\_\_

Property Location: \_\_\_\_\_ Unit / Bldg: \_\_\_\_\_ Pine Brook \_\_\_ / Montville \_\_\_ / Towaco \_\_\_

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Property Owner Name (if different): \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**SECTION 2: Dates signage to be displayed & Type of temporary signage**

O **Banner** - max size 3 ft x 10 ft permitted affixed to a building for max of thirty (30) days once per calendar year  
FROM \_\_\_\_\_ TO \_\_\_\_\_ **\*\*May NOT be lit**

O **A-frame sign** - one (1) may be placed along property frontage for a max of two (2) weeks up to four (4) times per year  
(each approved two week period must be separated by a two week period)  
FROM \_\_\_\_\_ TO \_\_\_\_\_ **\*\*May NOT be lit**

O **Window signs** - may cover one-third (1/3) of any given window or storefront.  
**\*\*May NOT be lit and may NOT be neon**

**NEON SIGNS ARE NOT PERMITTED**

**Section 3: Diagram**

INCLUDE DIAGRAM OR PHOTO OF SIGN DEMONSTRATING COMPLIANCE WITH ORDINANCE OR  
ATTACH SAME:

**Section 4: Signature**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**-----Municipal Staff Use Only-----**

( ) Approved      ( ) Denied – See explanation

Approved by: \_\_\_\_\_ Executed On: \_\_\_\_\_

A-frame sign - \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4