



**MONTVILLE TOWNSHIP
WAIVER OF SITE PLAN APPLICATION**

Questions? Contact Planning & Zoning Office at (973) 331-3319 or jrodriguez@montvillenj.org

All new retail and commercial tenants are required to apply for a request for "Waiver of Site Plan" prior to occupancy.

Municipal Staff Use Only

Date Filed: _____ \$250 Fee Rc'd: _____ Escrow Deposit (if necessary): _____ Waiver No.: _____

**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facility, including their quantities, MUST BE submitted in advance of the waiver hearing otherwise the waiver may be rescinded.

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 Mailing 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.)

Please check one:

- I do not propose to store or utilize any hazardous substances on the premises or as part of any on-site operation.
- I propose to only store or utilize common janitorial supplies on the premises and/or as part of any on-site operation.
- I propose to store or utilize chemicals and/or hazardous substances on the premises and/or as part of any on-site operation, and a list of these chemicals and/or hazardous substances, along with a Safety Data Sheet for each one, are included with this application.

Signature of applicant _____ Printed Name: _____

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

Type of Building or Use	Minimum Number of Parking Spaces
Residential	
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)
Nonresidential	
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 ^{1, 2}
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 ³
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 ¹
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 ¹
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
Restaurants:	
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
Retail stores and shops:	
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
Shopping centers:	
< 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

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

² See §230-147.K.3. for additional stacking requirements.

³ 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 Anthony Petrillo, Assistant Zoning Officer at 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. _____
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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 Anthony Petrillo, Assistant Zoning officer at 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