



BOROUGH OF RINGWOOD

Building Department
Phone (973) 962-7880 Fax (973) 962-7823

SITE PLAN EXEMPTION – PARTICULAR CHANGES OF USE

INSTRUCTIONS:

1. Provide the following:

- Site Plan indicating parking spaces allotted for this tenant
- Floor Plan (to scale) indicating area to be occupied by tenant
- Detailed drawing of proposed signs. If using existing signs, indicate what changes, if any, will be made to signs.
- Designate sign location(s) and details

2. Provide all information requested on Pages One and Two

3. On Page Three provide: Notarized signature of Owner

4. On Page Three provide: Notarized signature of Applicant

5. **Submit Application with Payment of Two Fees:**

Each fee requires a separate payment in the exact amount as follows:

[Cash or check payable to Borough of Ringwood accepted]

- Application Fee: \$ 100.00
 - Certificate of Occupancy Fee: \$ 50.00
- ← Separate Checks

If you have any questions, please do not hesitate to call this office.



BOROUGH OF RINGWOOD

CHANGE OF USE APPLICATION

Date _____

Please PRINT

APPLICANT

Name _____ Telephone # _____

Address _____
Street City State Zip Code

Business Name _____

Business Address _____
Street City State Zip Code

PROPERTY OWNER

Name: _____ Telephone # _____

Address _____
Street City State Zip Code

LOCATION OF PROPOSED CHANGE OF USE

Block _____ Lot _____ Zone _____

Ringwood Street Address _____

Is this a sublease? _____ If Yes, from whom? _____

LOCATION OF SPACE IN BUILDING _____ Sq. Ft.

Attach plan to scale of interior of building indicating specific area to be occupied. Plans must have sufficient information and clarity for review of code requirements, and must include details of tenant separations of wall, means of egress, fire safety and light and ventilation.

TYPE OF BUSINESS Describe in detail.

Refer to use group and classification of NJ State Uniform Construction Code.

Use Group _____ Construction Classification _____

continue on an attachment, if needed.

Name of Previous Occupant _____ Previous Use Group _____

PRODUCT AND/OR MATERIAL STORAGE

State if material is flammable or toxic. Submit manufacturer's MSOS sheets for each chemical, if applicable.

Storage: Indoor _____ Outdoor _____

Describe in detail all safety provisions for storage:

VIOLATIONS List any past or present violations issued to your business.

Are DEP permits required for any phases of the proposed business? Explain.

Number of Employees _____ Number of Shifts _____
Hours of Operation _____ Days of Operation _____

Number of Parking Spaces _____

Attach a parking plan to scale. One copy of the approved site plan must accompany this application.

List other tenants and the portion, in square feet, of the building each occupies:

SIGNS If signs are proposed, submit sketch and specifications of each sign.

Where will sign(s) be located? _____

Illuminated? Yes _____ No _____

Are any signs to be removed? Yes _____ No _____. If Yes, how many, size, and location:

AFFIDAVIT OF OWNER

STATE OF)
) ss:
COUNTY OF)

_____, of full age being duly sworn according to law, upon his/her oath deposes and says that the answers, statements and declarations made in the foregoing application are absolutely true in all respects.

Subscribed and sworn to before me
this _____ day of _____, 20__

Signature of Owner

Signature of Officer administering oath

[print] Name and Title of Officer

AFFIDAVIT OF TENANT

STATE OF)
) ss:
COUNTY OF)

_____, of full age being duly sworn according to law, upon his/her oath deposes and says that the answers, statements and declarations made in the foregoing application are absolutely true in all respects.

Subscribed and sworn to before me
this _____ day of _____, 20__

Signature of Tenant

Signature of Officer administering oath

[print] Name and Title of Officer