



## BOROUGH OF RINGWOOD

Building Department

Phone (973) 962-7880 ♦ Fax (973) 962-7823 ♦ building@ringwoodnj.net

### SITE PLAN EXEMPTION – PARTICULAR CHANGES OF USE

#### INSTRUCTIONS:

1. Provide all information requested on Pages One and Two
2. 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
3. On Page Three provide: Notarized signature of Owner
4. On Page Three provide: Notarized signature of Applicant
5. Submit \$100 Application Fee with your application
  - Exact cash or check payable to Borough of Ringwood

#### WHAT HAPPENS NEXT?

Your application will be reviewed by the Zoning, Health and Fire Prevention departments. Upon approval, a *Certificate of Approval* will be issued to your business.

**Based on the above review, you may be notified that UCC permits are required, and possibly a UCC Change of Use Analysis, per NJAC 5:23-6.31. After permits have been issued and the work has passed inspection, a *UCC Change of Use Certificate of Occupancy* will be issued to your business.**



# BOROUGH OF RINGWOOD

## SITE PLAN EXEMPTION APPLICATION

Date \_\_\_\_\_

Please PRINT

### APPLICANT

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

Business Name \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_

Street City State Zip Code

### PROPERTY OWNER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

### LOCATION OF PROPOSED CHANGE OF USE

Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

Ringwood Street Address \_\_\_\_\_ Suite # \_\_\_\_\_

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

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

Use Group \_\_\_\_\_ Construction Classification \_\_\_\_\_

Description of business: \_\_\_\_\_

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

*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 \_\_\_\_\_

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Describe in detail all safety provisions for storage:

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

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

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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:

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**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:

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**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