

\$60.00 NON-REFUNDABLE FEE
CHECK #
MONEY ORDER #



LANDUSE CERTIFICATION APPLICATION

DATE _____

ADDRESS OF PROPERTY _____ PHONE _____

BLOCK _____ LOT _____ ZONE-C.B.P.D. _____ M.C. _____ P.I.D. _____ OTHER _____
NON-CONFORMING _____ CONFORMING _____ OTHER _____

OWNER OF PROPERTY _____ PHONE _____

HOME ADDRESS OF PROPERTY OWNER _____

TRADE NAME OF BUSINESS _____

OWNER OF BUSINESS _____

HOME ADDRESS OF BUSINESS OWNER _____

CONTACT PHONE NUMBER _____

Submit any and all environmental issues

----OFFICE USE ONLY----

FEE \$ _____ RED'D BY _____ CHECK # _____ M.O.# _____ DATE _____

TYPE CONSTR. _____ NUMBER OF STORES _____ USE GROUP _____

BUSINESS TYPE – OFFICE _____ SALES _____ WAREHOUSE _____ MEDICAL _____
MANUFACTURING _____ RESTURANT _____ BEAUTY & BARBERSHOP _____

NUMBER OF EXITS _____ TOTAL SQUARE FOOTAGE _____

OCCUPANTS PERMITTED _____ (PER B.O.C.A)

FIRE EXITS REQUIRED _____ SIZE _____
HAZARDOUS STORAGE – YES _____ NO _____ TYPE _____

ALARM SYSTEM _____ SUPERVISED – YES _____ NO _____

SUPPERSSION SYSTEM _____

COMMENTS

INSPECTORS SIGNATURE _____

VIOLATIONS -YES _____ NO _____ ABATED – YES _____ NO _____ DATE _____

**CITY OF PLEASANTVILLE
APPLICATION FOR ZONING**

BLOCK _____ LOT _____

DATE REC'D _____

1. ADDRESS OF PROPERTY: _____

2. APPLICANT: _____	PROPERTY OWNER _____
NAME: _____	ADDRESS _____
ADDRESS _____	_____
_____	_____
PHONE _____	PHONE _____
_____	_____

SUBMIT ANY AND ALL ENVIROMENTAL ISSUES

3. DESCRIBE IN DETAIL THE ACTIVITY (ACTIVITIES) TO BE CONDUCTED ON/AT THE SITE IN QUESTION:

Single Family Home _____ Duplex _____ Triplex _____ Multi-Family _____ Commercial _____

4. PURPOSE FOR WHICH ZONING PERMIT IS REQUESTED:

_____ Cert. of Occupancy	_____ Construction Permit	_____ Sign Permit
_____ Mercantile License	_____ Fence Permit	_____ Plot Plan
_____ Miscellaneous		

OFFICE USE ONLY

5. Zoning Officer Review

_____ **Approved:** Your application for Zoning Permit has been approved. Take this permit to the office or official listed below for the processing of your application and the payment of any fees required:

_____ **CONSTRUCTION OFFICIAL** _____ **MUNICIPAL CLERK**

_____ **APPROVED:** continued use of a non-conforming use as per Chapter 300-20

_____ **DENIED:** Your application for ZONING has been DENIED for the following reason(s):
Chapter _____ Section _____

_____ **Not in conformance with City Code:** _____

You may file an appeal with the Zoning Board: see the Zoning Board Secretary for an application.

_____ Proposed activity requires site plan/subdivision review by the Planning Board
See the Planning Board Secretary for an application.

_____ **Incomplete information:** Please submit the following additional information:

Date: _____

BUILDING DEPARTMENT

CONDITIONS OR APPROVAL FOR CERTIFICATE OF OCCUPANCY

- Business owner or lessee will not allow loitering in front of business
- Business owner or lessee will not allow speakers of music to be placed outside of store
- Business owner or lessee will not allow merchandise to be displayed outside of store or in the window
- Business owner or lessee will be in compliance with Pleasantville code on size of sign that is permitted to be displayed outside the store.
- Business owner or lessee is required to apply for certificate of occupancy and have the necessary inspection prior to allowing any customers to do business in the store
- Business owner will proceed to the **City Clerk for a Mercantile Application at 18 N. First St., Pleasantville, NJ** which will be **additional fees** for any questions call **609-484-3600**
- Business owner will proceed to the **Fire Department for Inspection Fees at 1 N. First St., Pleasantville** which will be **additional fees** for any questions call **609-484-3670**

Business Name _____

Business Address _____

Business Owner or Lessee _____

PLEASANTVILLE FIRE PREVENTION & PROTECTION BUREAU

OWNER INFORMATION:		LAST INSPECTION DATE: / /		
FILE NUMBER:	OCCUPANT LOAD:	LHU CLASS:	BOCA USE GROUP	REGISTRATION #
BUSINESS NAME:			BUSINESS PHONE:	
STREET ADDRESS:				
BUSINESS OWNER:				
ADDRESS:				PHONE:
EMERGENCY:				
BUILDING INFORMATION:				
BUILDING OWNER:				PHONE:
OWNER ADDRESS:				
COMPLEX TYPE:		ALARM NUMBER:		ALARM PHONE #:
EXTINGUISHERS: YES/NO []	ANNUAL CHECK: YES/NO []	COOKING PROTECTED YES/NO []	SUPPRESSION TEST REC. YES/NO []	
SPRINKLERS: [] FULL YES/NO [] [] PARTIAL	SPRINKLER ALARM: [] CEN STA. YES/NO [] [] LOCAL		FIRE DEPT. CONNECT: YES/NO	
STAND PIPE SYS: [] WET YES/NO [] [] DRY	FIRE DEPT. CONNECT: YES/NO	FIRE ALARM SYS: [] AUTO [] CEN STA. YES/NO [] [] MANUAL [] LOCAL		
HEATING SYSTEM: [] OIL [] ELEC YES/NO [] GAS [] OTHER		ELECTRICAL SYSTEM CONDITION: [] GOOD [] BAD CIRCUIT BREAKER: [] FUSES []		
#STORIES YES/NO	BASEMENT YES/NO	ATTIC YES/NO	#EXITS []	FIRE ESCAPE YES/NO []
		ELEVATOR YES/NO []	EGRESS LIGHTING YES/NO []	
TRUSS ROOF YES/NO []		TRUSS FLOOR YES/NO []		POSTED YES/NO []
HAZARDOUS MATERIALS STORED: YES/NO [] TYPE MATERIAL:				
LOCATION:				
NEAREST HYDRANT:		AND	COLOR []	DISTANCE: ft.
SECOND HYDRANT:		AND	COLOR []	DISTANCE: ft.
BUILDING DESCRIPTION:				
VIOLATIONS: YES/NO []				
COMMENTS:				
INSPECTOR:			CERTIFICATION #	

Date: _____

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Business Address _____

Business Owner or Lessee _____

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