



Department of Community Development
1 West Maple Avenue, Annex
Merchantville, New Jersey 08109
(856) 662-2474 x 312; communitydev@merchantvillenj.gov

WELCOME PACKET FOR NEW BUSINESSES

Dear Business Owner:

Thank you for considering Merchantville for your business location! We are providing this packet to assist you in the process of opening a business here.

1. **First Step.** Please schedule an appointment with the Community Development Director to determine if your business is a permitted use in the zoning district where the site is located and to verify the process for approval.
2. **Permitted Uses.** If you are proposing a permitted use that is substantially similar to the last use on the site, and the minimum parking requirements are not more intense than the last use, complete a "Zoning Permit Application for Uses" and submit the required application fee to the Finance Office. The Zoning Officer will review the application within 10 calendar days. If there will be a "change of use," skip to #3.
3. **Change of Use.** If: (a) you are proposing a use that is different than the last use at the site, or (b) your minimum parking requirements are higher than the last use at the site, or (c) you require a conditional use, or variance, you must file an application with the Joint Land Use Board.
4. **Business Registration.** All businesses must register with the Bureau of Fire Prevention prior to opening. Please contact (856) 662-0900. You will have annual fire safety inspections.
5. **Signs and Exterior Changes.** If the business is located in the B-1 or B-2 zoning district and you are making any exterior changes to the site, including signage or awnings, you must seek a Certificate of Appropriateness from the Historic Preservation Commission.
6. **Certificate of Occupancy (CO) or Certificate of Continuing Occupancy (CCO).** Please contact the Construction Official at (856) 662-2474 x 309 to inquire whether you will need a CO or CCO. Applications for building permits, COs, or CCOs can be submitted when you submit your zoning or JLUB Board application, but will not be issued until the zoning is approved.
7. **Resale Inspection.** Lastly, if you are purchasing the property, you will need to fill out a Resale Inspection Application. Please schedule an inspection with the Code Enforcement officer at (856) 662-2474 x 310.

All of the forms can be printed from the Borough's website at www.merchantvillenj.gov or you may pick up copies in the Zoning and Construction Office located in the Annex to Borough Hall.



Merchantville Zoning Permit Application Use Permit

DATE APPLICATION SUBMITTED: _____

ZONING PERMIT FEE: Please take application to Finance Office to pay fee prior to submitting application.

Use Permitted by Zoning Ordinance, Variance, or Change of Tenancy \$50

Certificate of Legal Non-Conforming Use (only within 1 yr of ordinance change) \$25

I. SITE INFORMATION Please refer to Zoning Office webpage for the Tax map, Zoning map, parcel zoning list on www.merchantvillenj.gov if you do not know this information.

SITE ADDRESS _____

ZONING DISTRICT _____

TAX ASSESSOR'S BLOCK _____ LOT(S) _____

LOT SIZE _____

II. APPLICANT INFORMATION

☐ SAME AS OWNER ☐ POTENTIAL PURCHASER ☐ POTENTIAL TENANT

APPLICANT

CONTACT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

I have read this document in its entirety and consent to the making of this application:

SIGNATURE: _____

OWNER

CONTACT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

I have read this document in its entirety and consent to the making of this application:

SIGNATURE: _____

****BOTH SIGNATURES REQUIRED IF APPLICANT IS DIFFERENT THAN PROPERTY OWNER****

III. PROPERTY HISTORY

A. OCCUPANCY. IS THE PROPERTY CURRENTLY OCCUPIED? _____ IF VACANT, HOW LONG? _____

B. PROPERTY HISTORY. DESCRIBE IN DETAIL THE NATURE OF USES AND DATES.

Nature of Use:

Date of Commencement:

C. PRIOR BOARD APPLICATIONS? HAS THE PROPERTY RECEIVED PRIOR ZONING OR PLANNING BOARD APPROVAL? IF SO, PLEASE PROVIDE DETAILS (WHO, WHAT, WHEN). Attach copy of Board Resolution.

IV. PROPOSED USE

A. PROPOSED USE. DESCRIBE IN DETAIL THE PROPOSED USES AND ACTIVITIES TO BE CONDUCTED ON THE PROPERTY. Be specific. (1) what type of goods or services, (2) days and hours of operation, (3) peak shift # of employees/personnel on site, (4) # of seats/tables, (5) will there be outdoor activities, (6) when and how often will you get deliveries, (7) how will trash be disposed, (8) any exterior changes. *Attach additional sheets if necessary.*

B. ADDITIONAL DETAILS. PLEASE WRITE "N/A" IF NOT APPLICABLE.

		EXISTING	PROPOSED
RESIDENTIAL:	HOW MANY DWELLING UNITS?	_____	_____
	HOW MANY BEDROOMS IN EACH DWELLING UNIT?	_____	_____
	HOW MANY ON-SITE PARKING SPACES?	_____	_____
COMMERCIAL:	HOW MANY COMMERCIAL USES ON SITE?	_____	_____
	HOW MANY ON-SITE PARKING SPACES?	_____	_____

C. ARE THERE OTHER APPROVALS REQUIRED FOR PROPOSED USE? Business Registration, Fire Inspection, County Health Department, County Planning Board, NJDEP, etc.? Please describe type, and provide status.

V. ZONING OFFICER USE ONLY (DO NOT WRITE BELOW)

A. PROOF OF PAYMENT RECEIVED BY FINANCE OFFICE?

☐ YES ☐ NO AMOUNT PAID: _____ DATE FEE PAID: _____

B. ZONING PERMIT DISPOSITION:

APPROVED: _____ DENIED: _____ IF APPROVED, ZONING PERMIT NO.: _____

- ☐ Change of Tenancy ☐ Use Permitted by Ordinance
☐ Use Permitted by Variance, subject to any conditions attached thereto. Dated: _____ File No. _____
☐ Valid nonconforming use as established by () finding of the Joint Land Use Board or () by the undersigned Zoning Officer on the basis of evidence supplied by applicant within 1 year of ordinance change.

DATE: _____

ZONING OFFICER'S NAME: _____ SIGNATURE: _____

COMMENTS: _____

**BUSINESS ORGANIZATION
OWNERSHIP DISCLOSURE STATEMENT**

You must complete this form for each applicant and/or property owner that is not a sole proprietor.

**NAME OF CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, LIMITED LIABILITY
PARTNERSHIP, OR S-CORPORATION:**

Listed below are the names and addresses of all owners of 10% or more of the interest/stock in the above referenced business organization:*

%	NAME	ADDRESS

*If a corporation or a partnership owns 10% or more of the stock of a corporation, or 10% or greater interest in a partnership, that corporation or partnership shall list the names and addresses of its stockholders holding 10% or more of its stock or of 10% or greater interest in the partnership, and this requirement shall be followed until the names and addresses of the non-corporate stockholders and individual partners, exceeding the 10% ownership criterion established have been listed.

SWORN & SUBSCRIBED to before me this

_____ Day of _____, 20____ (year)

_____ (Notary)

SIGNATURE

DATE

NAME OF AUTHORIZED OFFICIAL

TITLE



22 East Park Avenue • Merchantville, New Jersey 08109
(856) 488-0404 • FAX: (856) 488-1228

January 29, 2016

To:

Ref: Registration of Business with Bureau of Fire Prevention

Dear Business Owner,

Pursuant to the Uniform Fire Safety Act (PL 1983, C.383, N.J.S.A. 52:27D-192 et seq.), the Borough of Merchantville has adopted Local Ordinances, designating the Borough of Merchantville Bureau of Fire Prevention as the local enforcing agency of said code.

Under these ordinances, it is required that all non-life hazard use buildings be registered and inspected by the Bureau of Fire Prevention.

Enclosed, you will find a registration form. Please complete the form and verify that the information on the form is correct, and return the completed form within thirty (30) days to...

**BOROUGH OF MERCHANTVILLE
BUREAU OF FIRE PREVENTION
22 East Park Avenue
Merchantville, New Jersey 08109**

If you should have any questions, please feel free to contact the office of the Bureau of Fire Prevention at Phone: (856) 488-0404

Kevin J. Patti, Fire Official



22 East Park Avenue • Merchantville, New Jersey 08109
(856) 488-0404 • FAX: (856) 488-1228

FIRE INSPECTION REGISTRATION FORM
(please print or type all information)

this area office use only

Local I.D.#: _____ State I.D.#: _____ Date Registered: _____

Business Name: _____

Street Address: _____

_____ Phone #: _____

Block/Lot: _____ Do you... OWN or LEASE the property (circle one)

Building Owner's Name: _____

Phone #: _____ Federal I.D. #: _____

E-mail: _____

Street Address: _____

Business Owner's Name: _____

Phone #: _____ Federal I.D. #: _____

Street Address: _____

_____ Phone #: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Manager/Agent: _____

E-mail: _____

Street Address: _____

_____ Phone #: _____

Emergency Contact #1: _____ Phone #: _____

Emergency Contact #2: _____ Phone #: _____

Emergency Contact #3: _____ Phone #: _____

FIRE INSPECTION REGISTRATION FORM

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this area office use only

Local I.D.#: _____ State I.D.#: _____ Date Registered: _____

Alarm/Suppression System Information:

Describe System: _____

Monitoring Co. Name: _____

Address: _____

Phone #: _____

Fire Insurance Information (Building):

Name of Carrier: _____

Address: _____

_____ Phone #: _____

Policy #: _____ Policy Amt.: _____

Date of Inception: _____

Does building contain three (3) or more dwelling units? Y _____ or N _____

If Yes, is the building registered with the Department
of Community Affairs, State of New Jersey? Y _____ or N _____

If Yes, please give Registration #: _____

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE

Signature: _____

Print Name/Title: _____

Address: _____