

**BOROUGH OF FLORHAM PARK
SITE PLAN WAIVER APPLICATION
(Chapter 250-7.2)**

Application No. _____ Date Filed: _____

Initial submission: The following must be submitted to the Board Secretary:

- ✓ Application Fee: \$350.00
- ✓ Initial Escrow Deposit: \$600.00 (additional fees may be assessed)
- ✓ Separate checks for each. Make payable to: The Borough of Florham Park

Contact the Board Secretary for required number of copies of the following:

- Complete Application
- Official Tax Map – Depicting the location of said property
- Site Plan – This should include parking, shall be latest revision and include the name and address of the preparer.
- Floor Plan – supply both the current and proposed architectural plans. You must include the name and address of the preparer of said plans.

Application packages must be collated and assembled prior to submission

1 Copy of the Following must be submitted to the Board Secretary

- Certification from the Tax Collector indicating all taxes are paid to date
- Owner letter of consent: If the property owner is other than the applicant, the owner must submit a letter stating the applicant has authority to submit the application.
- Completed Public Safety Checklist
- W-9 Taxpayer ID Form

APPLICANT/OWNER INFORMATION

1. Applicant's name: _____
Address: _____
Phone Number _____
Email _____

2. Name and address of present owner (if other than #1 above).
Name: _____
Address: _____
Phone Number _____
Email _____

If you are Incorporated, LLC or LLP you must be represented by an attorney if a Board hearing is required on your application.

3. Applicant's Attorney: _____
Address: _____
Phone Number _____
Email: _____

SITE INFORMATION

4. Location of site: _____
5. Tax Map Block _____, Lot Number(s) _____.
6. Area of entire tract: _____
7. Deed restrictions that apply or are contemplated. (If no restrictions, state "none", if "Yes" attach copy) _____.

DETAILS OF APPLICATION

8. Name of proposed tenant: _____
Nature of business: _____
Description of proposed use (Describe in detail. Attach rider if needed) _____
(If either wholesale or retail sales of products are contemplated, Applicant shall give a description of the products to be sold)
Days / Hours of operation: _____
Number of employees: _____
Previous tenant: _____ Number of employees: _____
Client visits (office use only, give details) _____

Square footage of space _____ Parking space requirements _____

Business Use: 1 parking space for every 250 square feet
Retail Use: 1 parking space for every 200 square feet
Restaurant Use: 1 parking space for every 3 seats
Personal Care Services: 1 parking space for every 100 square feet
(includes exercise and health clubs)

Total Parking Spaces Available _____ Tenant assigned parking? _____
If parking is assigned, please indicate number and/or location of parking spaces by its lease, and the details of any such requirements.

Will there be any additional mechanical systems installed at the proposed site? _____

If yes, indicate how and where such mechanicals will be located (to be shown on site plan or architectural drawings)

Will there be deliveries to the proposed site? _____

If yes, indicate size of truck utilized, frequency and time of deliveries.

Signage change? _____

If yes, give details:

(Signage plan is to be included with the application)

The following information can be obtained from the landlord/owner of the site:

9. Current site plan (as described above)
10. If there are other uses at this site, please attach a tenant list with the following information for each tenant:
 - tenant name
 - square footage used (each tenant)
 - number of employees (each tenant)
 - days/hours of operation
 - number of parking spaces required (each tenant)
 - Total required parking, total available parking

10. Names of the waste management companies that will be providing your trash disposal and recycling:

Note: Trash pick-up times must be between 7:00am and 6:00 p.m.

List of maps (tax map and site plan which will include parking) and other materials, including floor plan, accompanying application.

<u>Title</u>	<u>Prepared By</u>	<u>Number of pages</u>
1.		
2.		
3.		
4.		

The undersigned applicant hereby certifies that the information contained herein and on the supporting documentation is true and complete to the best of his/her knowledge.

Signature of Applicant: _____

Date: _____

Did you include?

- ✓ Official tax map
- ✓ Site plan
- ✓ Floor plan (current & proposed, professionally prepared by an architect)
- ✓ Completed tax certification
- ✓ Signage plan (if applicable)
- ✓ Landlord letter of consent to submit this application
- ✓ Tenant list
- ✓ Public Safety Checklist attachment

Your application will be reviewed by the Borough Engineer and his report will be forwarded to you. If the site plan waiver is denied by him, the application will be scheduled for a hearing by the Planning Board for review and decision. If you are incorporated, LLC or LLP, you must be represented by an attorney at the hearing.

BOROUGH OF FLORHAM PARK

TAX CERTIFICATION

Must be completed by the Tax Collector

Fee: \$10.00

BLOCK(S) _____

LOT(S) _____

ADDRESS: _____

PROPERTY
OWNER: _____

The Tax Collector of the Borough of Florham Park hereby certifies that all taxes and assessments have been paid and that no taxes are due or delinquent as to the premises which are the subject of this application as of the date indicated below.

Tax Collector or Authorized Signature

Certification Date

This information will be supplied to both Police & Fire Departments

PUBLIC SAFETY CHECK LIST

ALL INFORMATION GIVEN TO THESE DEPARTMENTS WILL BE HELD AS CONFIDENTIAL

Business Name _____

Florham Park Address _____

Owners Name _____ Work#() _____ Cell#() _____

Address _____

Person(s) to be contacted in an Emergency (H= Home number, O= Other number, C= Cell number)
Emergency contact people must be reachable on a 24 hour basis and will be contacted in the following order:

Name _____ () _____ H O C

Address _____ () _____ H O C

City _____ () _____ H O C

Name _____ () _____ H O C

Address _____ () _____ H O C

City _____ () _____ H O C

Name _____ () _____ H O C

Address _____ () _____ H O C

City _____ () _____ H O C

Alarm System Yes No Company Name _____ Tele# _____

Type of System – Central Station ___ Dialer ___ Outside Audible only ___ Police Desk Connect _____

Sprinkler System Yes No Company Name _____ Tele# _____

Type of System – Central Station ___ Dialer ___ Outside Audible only ___ Police Desk Connect _____

Will Property be fenced in **During Construction** Yes No **After Construction** Yes No

OWNER/CONTRACTOR UNDERSTANDS THAT A TEMPORARY KNOX BOX OR PERMANENT KNOX BOX IS REQUIRED.
IT MUST BE APPLIED FOR AT FIRE DEPARTMENT AND BE INSTALLED AT APPROVED LOCATION.

For information, call Fire Dept # 973-377-3241

Is there a permanent **KNOX BOX** currently serving the building? Yes No

OWNER/CONTRACTOR HAS READ AND AGREES TO THESE REQUIREMENT YES NO