TOWNSHIP OF WEST ORANGE
66 MAIN STREET, WEST ORANGE, N.J. 07052

Department of Planning and Development

SUSAN MCCARTNEY
Mayor

GENIECE GARY-ADAMS
Zoning Official

Tel: (973) 325-4119
Fax: (973) 325-3959
Email: zoningofficial@westorange.org

COMMERCIAL BUSINESS APPLICATION PACKAGE

- New Commercial Business Application
- Sample Floor Plan
- Certificate of Continued Occupancy Commercial Application
- Ordinance 25-40.2(d) Permits
  Certificate of Continued Occupancy
- Fire Safety Registration Form
- User’s Guide to Building & Remodeling
- Ten tips that Will Keep West Orange Beautiful
- Ordinance 25-15 Signs

OVERVIEW OF PROCESS

Review
Once an application is submitted, the Planning Office will review it for completeness. If there are no problems with the application and it is approved the Planning Department/Zoning Official will contact the applicant.

Building Department
You must apply for relevant permits from the Building Department. This includes all plumbing, electrical, fire, sign and construction permits. Please contact the Building Department at (973)325-4112 to discuss permit fees, plan review, and inspections.

CCO
Once ALL APPROVALS have been received the applicant must schedule the CCO inspection. This permit is considered your “Continued Certificate of Occupancy” to tenant the building and open the business unless the building permits are required by the Construction Department.

Health Department
If you are applying to open a food establishment, make major kitchen alteration, or open a body massage establishment you must apply to the Health Department for approval. Please contact Health Department at (973)325-4120 for additional information

Fire Department
You must complete and file a Fire Safety Registration Form with the application.

Downtown West Orange Alliance
If the business is located the Downtown Main Street area, please contact the Downtown West Orange Alliance for information regarding recommended design standards and compliance and matching sign grant information. Please contact Megan Brill, Exec. Dir., at (973)325-4109 or downtown@westorange.org
COMMERCIAL BUSINESS PERMITTED USE CHANGE IN OCCUPANCY

All new commercial owners/tenants must also apply for a separate Certificate of Occupancy and a Sign Permit in the Building Department.

COMPLETE ALL SECTIONS BELOW
ALL sections MUST be completed in order to process the application.

SECTION 1: Applicant and Owner Information

Please Note: A copy of the lease must be provided for all rentals.

Proposed Tenant/Business Name

Property Location Address: ____________________________ Unit/Bldg: __________

Property Block: ______ Lot: ______ Zone: ______

Contact Name: ________________________________

Contact Address (Current):

Telephone: __________________ Fax: __________ Email: ______________

Emergency Contact:

Telephone: __________________ Fax: __________ Email: ______________

Property Owner:

Property Owner Address:

Telephone: __________________ Fax: __________ Email: ______________

Signature of Applicant: ____________________________ Printed Name: __________________________

Proposed Business Use: _________________________ Prior Use (if known):

Have there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property? Y/N. If Yes, please list ZB or PB Application Numbers: ________________________________

SECTION 2: Proposed Business

Please describe below in detail the proposed business operations on the site:
(You may attach a more detailed written description.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
SECTION 3: COMPANY INFORMATION

Are you requesting a 24-hour operation? Yes ___ No ___

Days/Hours of Operation:

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<tr>
<th>DAYS</th>
<th>HOURS OF OPERATION</th>
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Number of Employees: __________  Number of Chairs (Barber/Hair Salon): __________

Number of Tables/Chairs (Restaurant/Café): /

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<tr>
<th>SHIFT</th>
<th>SHIFT HOURS</th>
<th>NO. OF EMPLOYEES</th>
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<td>Shift 1</td>
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<td>Shift 4</td>
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SECTION 4: Site Plan Information

FLOOR PLAN (ATTACH DRAWING) – All dimensions including the breakdown of your business area in square footage for office use, retail and warehouse, cafeteria use, bathrooms, storage areas, other.

If multiple tenants exit on site, list the names and square footage of each tenant below.

<table>
<thead>
<tr>
<th>TENANT NAME/USE</th>
<th>SQUARE FEET</th>
<th>PARKING REQUIRED</th>
<th>PARKING PROVIDED</th>
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Number and Type of Commercial Vehicles (Type/Size):

Overnight Parking of Commercial Vehicle or Vans? Y ___ N ___ If yes, what type?
NEW LIGHTING? Y N If yes, provide details and indicate location on site plan.

SIGN DETAILS for any new sign. Submit details and depict location, total square footage, height, type of font and letter size as well as construction materials and any illumination.

If you have any questions please contact the Zoning Official at 973-325-4119 or Email zoningofficial@westorange.org or the Planning Board Secretary at 973-325-4111 or Email planningboard@westorange.org
Certificate of Continued Occupancy Commercial Application

CCO #
Date Submitted
Date Issued
Control #

Address to be sold/rented ____________________________________________
Block __________________________ Lot ______________________________
Is this a: □ Sale OR □ Rental If a rental of one unit, which unit or floor number:
State commercial use __________________________ Is this a Change of Use: □ YES □ NO
If yes, you will need to contact Ms. Geniece Gary-Adams, Zoning Official for approval at 973-325-4119 or zoningofficial@westorange.org

Owner/Seller __________________________ Buyer/Tenant __________________________
Address ____________________________________________________________

(No P.O. Boxes) __________________________ Mobile: __________________________
Phone: __________________________
If applicable Superintendent's Name and Phone Number: __________________________

Name of Business:
If buying a multi-unit commercial building, will tenants being remaining or is building vacant?
Tenants Remaining: __________________________ Building Vacant: __________________________

Contact person for inspections: Name: __________________________
Telephone # __________________________
SIGNATURE: __________________________
Closing date: __________________________ □ OWNER □ BUYER □ AGENT

*** PROVIDE SQUARE FOOTAGE OF SPACE ***

INSPECTOR: __________________________ DATE: __________________________

ZONING OFFICIAL APPROVAL: __________________________ DATE: __________________________
Geniece Gary Adams

*** APPLICATION MUST BE COMPLETELY FILLED OUT FOR SUBMITTAL ***
FEE: __________________________ CHECK / MONEY ORDER #: __________________________

If you have any questions please call 973-325-4119 or wobuilding@westorange.org
25-41.2 Permits

d. Certificate of Continued Occupancy

1. Prior to the sale or rental of any existing residential structure containing one (1) unit or more, a Certificate of Continued Occupancy must be obtained which shall be issued by the Construction Official or designated agency or department provided with the authority to grant and issue such certificates. The application of such permit shall be made by the owner of record and shall comply with such administrative provisions as required by the Construction Official in accordance with N.J.A.C. 52:27D-198.1. The Certificate of Continued Occupancy shall be proof that the structure in question complies with all health and safety codes of the Township and State of New Jersey, that it is in compliance with all fire safety requirements as set forth in Chapter 18, Section 3 of the Township Code, and that it is in compliance with the Land Use Regulations of the Township or is considered a legal nonconforming use.

2. Prior to the sale or change in occupancy of any unit in an existing commercial structure, a Certificate of Continued Occupancy shall be issued by the Construction Official. The application of such permit shall be made by the owner of record and shall comply with such administrative provisions as required by the Construction Official. The Certificate of Continued Occupancy shall be proof that the structure in question complies with all health and safety codes of the Township and State of New Jersey that it is in compliance with all fire safety requirements as set forth in Section 40.3 of this Chapter of the Township Code, and that it is in compliance with the Land Use Regulations of the Township or is considered a legal nonconforming use.

3. The Certificate of Continued Occupancy shall state the maximum number of persons that may lawfully occupy the premises covered by the certificate. The occupancy number must match the documentation submitted.

4. The fee for requesting the issuance of a Certificate of Continued Occupancy shall be as follows:

| Single Unit Residential Dwelling | $100.00 |
| Two (2) Unit Residential Dwelling | $150.00 |
| Three (3) Unit Residential Dwelling | $200.00 |
| Four (4) Unit Residential Dwelling | $250.00 |
| Five (5) Unit Residential Dwelling | $300.00 |
| Six (6) Unit Residential Dwelling | $350.00 |
| Sale or Change in Occupancy of Commercial Space | $100.00 per unit up to 1,000 square feet or $0.10 per square foot for 1,001 square feet to 5,000 square feet or $0.15 per square foot for 5,001 square feet and up. |
| Reinspection fee | $50.00 |
5. It shall be the responsibility of the Tax Assessor of the Township to advise individuals requesting tax assessment searches that a Certificate of Continued Occupancy is required in connection with the sale of any single unit residential dwelling, any sale or change in occupancy of any residential structure containing one (1) or more units or any change in occupancy of any existing commercial unit.

6. Any person seeking a determination from the Construction Official that a Certificate of Continued Occupancy is not required prior to the sale of any existing building, dwelling unit or residence shall pay to the Township a fee of twenty-five ($25.00) dollars for such determination.

7. Notwithstanding anything to the contrary herein, anyone who obtains title or held an ownership interest without first obtaining a Certificate of Continued Occupancy shall be fully responsible and liable under this ordinance.

8. To the extent that an owner fails to obtain a Certificate of Continued Occupancy and closes title, the owner shall remain liable for a separate violation on each day until a Certificate of Continued Occupancy is issued. This continuing violation for each and every day shall be consistent with Section 25-59b.

9. Any person who serves as an agent, employee or representative of any party to a real estate transaction, including but not limited to any licensed real estate broker, attorneys for seller, buyer, and/or lender may be found liable for a violation hereunder and punished to the full extent of the law.

10. Upon inspection of any building, premises, apartment or any other dwelling unit, the Construction Official, upon finding that the dwelling unit contains only minor violations of this chapter which are not related to the health, safety and welfare of a prospective tenant so as to prohibit occupation of the tenant, may allow a Temporary Certificate of Continued Occupancy to be issued which shall be conditioned upon the property owner's, landlord's or tenant's complying with the provisions of this chapter and the Uniform Construction Code within a reasonable period of time not to exceed thirty (30) days or as per the construction official in writing from the issuance. A permanent Certificate of Continued Occupancy, when all requirements are met within the given time period, shall have no additional fee.

(Ord. No. 2357-12 § 25-40.2)
Fire Safety Registration Form

All occupancies should be registered with the exception of, owner occupied 1 and 2 family homes. Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act N.J.A.C. 5:27D-192 et seq. Failure to do so may result in a penalty of up to $1,000.00.

Type of Business:_______________________________

1. Is your business (check one):
   ____ Convenience Store  ____ Deli  ____ Hair/Nails  ____ Storage (what will be stored at facility)
   ____ Office  ____ Retail Store (what will be sold)  ____ Gas Station  ____ Auto Repair
   ____ Auto Body  ____ Movie Theater  ____ Restaurant (Alcohol Served  ____ Yes  ____ No) (# of tables)
   ____ Medical  ____ Surgical  ____ Hotel  ____ Boarding House  ____ Group Home  ____ Assisted Living Facility
   ____ Day Care  ____ Nursing Home  ____ Senior Building  ____ Funeral Home  ____ Education Building
   ____ Other (Explain: __________________________)

2. Type of ownership (check correct type)
   ____ Corporation  ____ Private/Individual  ____ Partnership  ____ Condominium  ____ Cooperation  ____ LLC
   ____ Government Agency  ____ Other (if other describe type here) __________________________

3. Business/Corporation Mailing Address:
   Name: ____________________________________________
   Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.
   Address: _______________________________________
   PO Box number or street number and name:
   City: ___________ State: ______ Zip Code: _________

   Federal Employer (Tax ID) Number: ___________________
   Social Security Number (For Private/Individual Only)
   In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its programs notification system.
   Telephone: ___________________ Fax: ___________________ e-mail: ___________________
4. Name of Business/Property:

Business/Property location: ____________________________

Suite/Room/Floor number: ____________ Municipality: ____________ County: ____________

Block number: ____________ Lot number: ____________ Telephone number of Business: ____________

Height of Building in feet ____________ Number of stories ____________ Square footage ____________ Occupant load ____________

Manager/Agent/Superintendent ____________________________ Hours of Operation ____________ Number of Employees ____________

5. Fire Alarm/Sprinkler/Kitchen Suppression

Does your business/occupancy have any of the following:

Fire Alarm ☐ YES ☐ NO
if yes, Company name and phone # ____________________________

Sprinklers ☐ YES ☐ NO
if yes, Company name and phone # ____________________________

Kitchen Suppression ☐ YES ☐ NO
if yes, Company name and phone # ____________________________

6. Billing Contact:

Name: ____________________________

Address: ____________________________

City: ____________________________ State: ____________________________ Zip Code: ____________________________

Telephone: ____________________________ Fax: ____________________________ e-mail: ____________________________

7. Building Owner Information:

Name: ____________________________

Address: ____________________________

City: ____________________________ State: ____________________________ Zip code: ____________________________

Telephone: ____________________________ Fax: ____________________________ e-mail: ____________________________

8. Emergency Contacts:

1. Name ____________________________ Telephone: ____________________________

2. Name ____________________________ Telephone: ____________________________

3. Name ____________________________ Telephone: ____________________________
9. Certification: I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

<table>
<thead>
<tr>
<th>Signature of owner or agent completing this form</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed name of owner or agent completing this form</td>
<td>Title</td>
</tr>
<tr>
<td>Street address of owner or agent completing this form</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
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<tr>
<td>Telephone of owner or agent completing this form</td>
<td>Fax</td>
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<tr>
<td>E-mail of owner or agent completing this form</td>
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</tbody>
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Return to address on letterhead via fax, mail or e-mail.