HOME OCCUPATION OR HOME PROFESSIONAL APPLICATION PACKET & FILING PROCEDURES

THIS PACKET CONTAINS THE FOLLOWING:

1. Home Occupation or Home Professional Application Form
2. Section 25-9.9 Home Occupation Code Ordinance
3. Section 25-9.10 Home Professional Code Ordinance
4. Sample Letter
5. Sample Floor Plan
6. Planning Board Meeting Schedule

PLEASE NOTE:

! The Application must be typed or neatly printed.

! The original Application and copies must have required supporting documents attached and all must be collated. No exceptions.

**HOME OCCUPATION APPLICATION:** ORIGINAL AND THREE (3) copies of the complete Application shall be submitted (No exceptions.)

**HOME PROFESSIONAL OFFICE APPLICATION:** ORIGINAL AND NINETEEN (19) copies of the complete Application shall be submitted (No exceptions.)

Completed Application form to include:

- A written proposal/business overview *(Original and copy)*;
- Property information, including zone of property and block/lot *(Section C)*;
- Applicant and owner information *(Original and copy)*;
- A simplified floor plan *(Original and copy)*;
- A survey of the property *(Original and copy)*;
- A letter addressed to the Planning Board stating that the applicant shall abide by the conditions set forth in Section 25-9.9 (Home Occupation) or Section 25-9.10 (Home Professional) of the Zoning Ordinance. *(Original and copy)* (Draft Template Enclosed);
- Proof that taxes have been paid, certified by the Municipal Tax Collector *(Original)*.

! Refer to the Zoning Ordinance for all application requirements.

! Application fee must be submitted at the time of filing ($100.00); Digitizing fee must be submitted at the time of filing ($35.00); Cash or separate checks made out to the Township of West Orange.

**Should you have any questions regarding the application process, please do not hesitate to contact the Planning Board Secretary at (973)325-4111 BEFORE preparing or submitting an application.**

**Please note:** Any change in the use of the premises or in licensing of the provider must be reported to the Zoning Official.
HOME OCCUPATION OR HOME PROFESSIONAL APPLICATION FORM

A. APPLICANT INFORMATION

Full Legal Name: ____________________________

Mailing Address: ____________________________

Telephone Number: ( ) ________________________

Email: ______________________________________

Is the Applicant an: □ Individual, □ Corporation, □ Partnership, □ Other ____________________________

If the Applicant is a corporation or partnership, a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership must be attached.

Relationship of the applicant to the property: □ Owner, □ Tenant or Lessee, □ Purchaser under contract (with consent of owner, □ Other (please specify) ____________________________

If the applicant is not the owner of the property in question, the applicant must submit an affidavit with the owner(s) authorization to proceed with this process.

B. PROPERTY OWNER INFORMATION

□ Check here if same as applicant. If the owner is not the applicant, please complete the following:

Owner’s Name: ____________________________________________

Address: ________________________________________________

Telephone Number: ( ) ________________________ Email:______________

C. PROPERTY INFORMATION

Street Address: ____________________________________________

Block Number(s): _______________________________; Lot Number(s): _______________________________

Tax Plate: _______________________________; Zone of Property: _______________________________

The location of the property is approximately ______ feet from the intersection of ____________________________ and ____________________________ (closest intersection.)

Has there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property?

□ Yes, Date(s): ________________________________; □ No

If yes, please attach copies of the written decisions adopted by the Board to each application.

Please attach a list of all contiguous or adjacent property owned by the applicant or owner. □ None

Is this property listed in “The Historic Sites Survey” prepared by Robert Guter 7/9/1992 □ Yes □ No
D. TYPE OF APPLICATION

Indicate the type of application being submitted:

1) □ Home Occupation – Skip to Section E.

2) □ Home Professional – Complete all:
   
   Days/Hours of Operation:

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<th>DAYS</th>
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   Number of Employees: ________

   Number and Type of Commercial Vehicles (Type/Size): ________________________________

   Overnight Parking of Commercial Vehicle or Vans? Y__N__

   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.

E. DESCRIPTION OF PROPERTY

Existing Use of the Property

Briefly describe the major elements of your proposal including parking plan: (you may attach a more detailed written description.)

- **Home Occupation** must include written details of parking drop-off and pick-off.
- **Home Professional** must indicate parking details on site plan.

________________________________________________________________________________

________________________________________________________________________________

The property is __________________ (square feet); __________________ (acres)

Impervious Surface Coverage: Present: __________________; Proposed: __________________

Building Coverage: Present: __________________; Proposed: __________________

Is the property located:

- Within 200 feet of another municipality? □ Yes □ No
- Adjacent to an existing or proposed county road? □ Yes □ No
- Adjacent to other county land? □ Yes □ No
- Adjacent to a state highway? □ Yes □ No
F. EXPERTS

The following information is respectfully requested to enable the Board to facilitate the processing of this application:

APPLICANT’S ATTORNEY: ________________________________________________________________
Telephone Number: (   ) __________________________ Email: ______________________________
Address: ________________________________________________________________

APPLICANT’S ENGINEER: ______________________________________________________________
Telephone Number: (   ) __________________________ Email: ______________________________
Address: ________________________________________________________________

APPLICANT’S ARCHITECT: ______________________________________________________________
Telephone Number: (   ) __________________________ Email: ______________________________
Address: ________________________________________________________________

APPLICANT’S PLANNER: ________________________________________________________________
Telephone Number: (   ) __________________________ Email: ______________________________
Address: ________________________________________________________________

OTHER EXPERT(S): ______________________________________________________________________
Telephone Number: (   ) __________________________ Email: ______________________________
Address: ______________________________________________________________________________

If necessary, please list any additional experts below, including address, telephone number and email address.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
G. VERIFICATION AND AUTHORIZATION

SIGNATURE IS REQUIRED FOR ALL OF THE FOLLOWING:

APPLICANT’S VERIFICATION

I hereby certify that the above statements made by me and the information contained in the papers submitted in connection with this application are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Applicant’s Signature: __________________________________________ Date: ________________________

CONTINUANCE

Should the Planning Board/Zoning Board of Adjustment have a full and heavy agenda, or discussion and meeting regarding this application requiring carrying the matter past the statue time limit, the applicant grants permission for such an extension.

Applicant’s Signature: __________________________________________ Date: ________________________

OWNER’S AUTHORIZATION – MUST BE SIGNED

I hereby certify that I reside at __________________________________________________________ in the County of ______________________ and the State of _______________________; and that I am the owner of all that certain lot, piece or parcel of land known as Block(s) ____________________: Lot(s) ____________ on the Tax Map of ______________which property is the subject of the above application, and that said application is hereby authorized by me. Furthermore, I authorize inspection of the site which is the subject of this application.

Owner’s Signature: __________________________________________ Date: ________________________

THIS APPLICATION DOES NOT RELIEVE THE APPLICANT FROM COMPLYING WITH OTHER TOWNSHIP ORDINANCES SUCH AS THE TREE REMOVAL ORDINANCE AND OBTAINING THE NECESSARY APPROVALS AND PERMITS UNDER SUCH ORDINANCES.
III. CHAPTER 25.9.9 SHALL BE AND HEREBY IS AMENDED AND SUPERCEDED TO READ AS FOLLOWS:

25.9.9 Home Occupations.

No home occupation may be conducted in a legal owner-occupied one (1) family residence unless the following conditions are met:

a. A simplified site plan indicating the location of the use on the premises within the principal structure and written description of the occupation to be conducted shall be submitted to the Building Department and Zoning Official. A Certificate of Continued Occupancy, Certificate of Occupancy, or Certificate of Habitability shall be required for home occupations.

b. The proposed activity shall comply with the following:

1. Only one such activity shall be permitted on the premises within the principal structure; and such use must not be incompatible with or disturb the adjacent residential neighborhood.

2. The activity shall be conducted solely by a person or persons, and members of his/her immediate family, all of whom shall be residing full-time and permanently on the premises, and by no other person or persons living off the premises.

3. Not more than twelve and one-half (12.5%) percent or one-eighth (1/8) of the floor area of the principal structure shall be used for such activity.

4. No display or advertising of products or services shall be visible from outside of the principal structure in which the activity takes place.

5. No outside storage any way related to the activity shall be visible from outside of the principal structure in which the activity takes place.

6. No pick-up or delivery or materials to or from the premises in which the activity takes place shall be made, except by private passenger vehicle, licensed package delivery service, or US Postal Service.

7. The activity, including deliveries as described in paragraph 6, shall be conducted only between the hours of 8:00 a.m. and 8:00 p.m.

8. The activity shall not give rise of the need for on-street parking which shall interfere with the residential parking on the street adjacent to the principal structure in which the activity is permitted.

c. The following activities related to home occupations are prohibited:

1. Any activity which creates noise, smells or sights, which are ascertainable outside of the principal structure in which the activity takes place;

2. Any activity which causes interference with electrical or electronic equipment off the premises in which the activity takes place;

3. A retail or wholesale salesroom(s) or showroom(s);

4. Any activity which involves the use or storage of hazardous materials as defined by law.
IV. **CHAPTER 25-9.10. SHALL BE AND HEREBY IS AMENDED AND SUPERCEDED TO READ AS FOLLOWS**

25-9.10 Home Professional Office.

A home professional office must meet the following conditions:

a. The home must be located on one of the following streets or roadways: Pleasant Valley Way, Mount Pleasant Avenue, State Highway 10, Northfield Avenue, Main Street, Prospect Avenue, Gregory Avenue, Old Short Hills Road, Eagle Rock Avenue, Park Avenue, Washington Street, Harrison Avenue, Valley Road or South Valley Road.

b. The professional use must be located on the entry level, and shall not occupy (i) more than fifty (50%) percent of the entry level and (ii) shall not exceed one thousand (1,000) square feet.

c. A site plan indicating the part of the premises, with square footage, to be used shall be submitted to the Planning Board for approval. A Certificate of Continued Occupancy, or Certificate of Occupancy, shall be required. Amended site plan approval and a new Certificate shall be required for any change of the profession practiced on the premises.

d. The applicant shall submit evidence that he or she has the degree, certificate or license of the profession for which the premises are to be used.

e. Not more than three (3) people, including the resident of the home and staff, can work in the professional activity on the premises.

f. A sufficient number of spaces shall be provided for off-street parking for residents of the home and staff personnel.

g. A name plate, not exceeding one (1) square foot in area, may be used after obtaining a sign permit from the Planning Department. No interior illuminated lighting in the sign shall be permitted; and only the name of the professional and the profession shall appear on the sign which shall be within the property lines not more than five (5) feet high, and shall be located within the property lines of the site. No signs shall be posted in windows.

h. If a home is located on a corner lot, and one of the adjacent streets is listed in paragraph a, a home professional office, otherwise subject to the requirements of this ordinance is permitted.
[Date]

RE: [PB-00-00/Your Business Name/Address]

[_____________________], Chairperson
West Orange Planning Board
c/o Department of Planning & Development
66 Main Street, Room 214
West Orange, NJ 07052

Dear [______________________],

This letter is sent with the intent of informing the West Orange Planning Board of my full commitment to abide by the rules of the West Orange Zoning Ordinance, Chapter 25-9.10 in all home professional activities as applied.

Respectfully Submitted,

[Applicant’s Name]
[Applicant’s Address]
[Applicant’s Phone]
[Applicant’s Email]
[Date]

RE: [Your Business Name and Address]

Geniece Gary-Adams, Zoning Official
c/o Department of Planning & Development
66 Main Street, Room 214
West Orange, NJ 07052

Dear Ms. Gary-Adams,

This letter is sent with the intent of informing the West Orange Planning Board of my full commitment to abide by the rules of the West Orange Zoning Ordinance, Chapter 25-9.9 in all home occupation activities as applied.

Respectfully Submitted,

[Applicant’s Name]
[Applicant’s Address]
[Applicant’s Phone]
[Applicant’s Email]
OFFICE 1: 15'-1" x 13'-2"
OFFICE 2: 15'-7" x 13'-2"
OFFICE 3: 16'-10" x 13'-2"
OFFICE 4: 16'-1" x 13'-2"
CONFERENCE: 15'-1" x 8'-1"
RECEPTION: 16'-8" x 13'-2"
WOMEN'S RESTROOM: 9'-3" x 9'-1"
MEN'S RESTROOM: 10'-6" x 8'-11"
PRINT ROOM: 10'-7" x 12'-4"
MECHANICAL & STORAGE: 10'-6" x 8'-11"
KITCHENETTE: 6'-7" x 6'-6"
WEST ORANGE PLANNING BOARD
2019 MEETING SCHEDULE

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PUBLIC MEETING usually held on the first Wednesday of each month in the Council Chamber, 66 Main Street, West Orange, New Jersey at 7:30 P.M. Please confirm all meeting dates and times. For more information, please contact the Planning Board at (973)325-4111.

SITE PLAN REVIEW ADVISORY BOARD usually held on the third Tuesday of each month in Conference Room 109, 66 Main Street, West Orange, New Jersey at 8:30 A.M. Please confirm meeting prior to attending.

Adopted: October 3, 2018