TOWN OF BOONTON BLOCK: _____ LOT: _____ Zone Type:_____ Historic: Y | N

ZONING APPLICATION

Applicant Contact & Property Information

Business Name *(if applicable):*			
Property Address:		Boonton, NJ 07005	
Applicant First Name:		Applicant Last Name:	
Applicant Address: ☐ *same as above*			
City:		State:	Zip Code:
Day Phone:	Evening Phone:	Mobile Phone:	Email:

Property Owner or Landlord Contact Information ☐ *same as above*

Property Owner / Landlord First Name:		Property Owner / Landlord Last Name:	
Property Owner / Landlord Address:			
City:		State:	Zip Code:
Day Phone:	Evening Phone:	Mobile Phone:	Email:

What type of Zoning Permit is being sought? Please select any of the 3 permit types that apply: Construction, Business Tenant/Use Change and/or Signage/Awning. ***All Residential / Commercial permits require a survey.***

☐ **Construction: Residential & Commercial** *(see Coverage Worksheet on reverse)* ☐ **Valid survey included**

☐ Addition ☐ New dwelling / building ☐ Detached garage ☐ Pool/ Hot Tub ☐ Driveway / Sidewalk

☐ Deck ☐ Patio ☐ Shed ☐ AC/Generator ☐ Other: _____

a) Total lot area as per attached survey: _____sq. ft.

b) Was prior Land Use Board approval received? Y | N (if yes, application #:_____)

c) Are there wetlands, restrictions, easements, or limitations on site? Y | N describe_____

d) Are there any open building permits/unfinished projects on this property? Y | N describe_____

e) Are you in a historic district? Y | N

☐ **Business Tenant / Use Change**

a) What is current use & business name:_____

b) What is your proposed use: _____

c) Present tenant hours: M:___-___ T:___-___ W:___-___ TH:___-___ F:___-___ S:___-___ S:___-___

d) Your proposed hours: M:___-___ T:___-___ W:___-___ TH:___-___ F:___-___ S:___-___ S:___-___

e) Your proposed # of employees _____ # of Existing parking spaces on-site _____

f) Gross floor area you will occupy: _____sq. ft. Garbage facilities available on-site? Y | N

g) Will there be any storage or handling of chemicals or hazardous substances: Y | N describe_____

h) Are any structural alterations to the exterior of the building proposed? Y | N

i) Is there an increase in # of parking spaces required with your proposed use? Y | N (if yes, # increase: ____)

f) ☐ **Signage/Awning** *(see Signage Worksheet on reverse)* **Are you in a historic district? Y | N**

☐ Temporary ☐ Banner ☐ Canopy / Awning ☐ Window ☐ Sandwich Board / Freestanding

☐ Building mounted: ___Blade ___Flush mount

Any incorrect of falsified information will render this application and approval VOID. Applicant certifies all information is true and accurate.

Applicant's signature: _____ *Date:*_____

Property Owner signature: _____ *Date:*_____

TOWN OF BOONTON

RESIDENTIAL / COMMERICAL COVERAGE WORKSHEET

BUILDING COVERAGE:

List all **EXISTING** buildings / structures on the lot that have a roof and the square footage of the ground floor (foot print) for each (including houses, sheds, covered porches / decks, etc.):

Structure	Sq .Ft.	Structure	Sq .Ft.
1.		4.	
2.		5.	
3.		6.	

Total existing building coverage: _____ **sq. ft.**
Building coverage to be added: + _____ **sq. ft.**
TOTAL: _____ **sq. ft.**

LOT COVERAGE (IMPERVIOUS):

List all compacted or covered areas and their square footage *(includes compacted or covered areas with material, building, structure that is highly resistant to infiltration by water…parking areas, driveways, uncovered / porches, patios, decks, pools, walkways, retention and detention basins, etc.)*

Structure/Area	Sq .Ft.	Structure/Area	Sq .Ft.
1.		4.	
2.		5.	
3.		6.	

Total existing lot coverage: _____ **sq. ft.**
Impervious coverage to be added: + _____ **sq. ft.**
TOTAL: _____ **sq. ft.**

FLOOR AREA RATIO:

List the area of PRINCIPAL structures by measuring dimensions of outside walls excluding attic, basement floor, garages, porches, patios, breezeways, terraces, car ports, etc.

Structure	Sq .Ft.	Structure	Sq .Ft.
1.		3.	
2.		4.	

Total existing floor area: _____ **sq. ft.**
Floor area to be added: + _____ **sq. ft.**
TOTAL: _____ **sq. ft**

SIGNAGE/AWNING PERMIT WORKSHEET

*(Your signature on the Sign Information Guide & Checklist is **REQUIRED** with application)*

Location on façade with distance from: Ground: _____ Left side: _____ Right side: _____ Roof: _____	Building Width:	Sign Dimensions: Length:_____ Width: _____ Depth: _____
Illumination? Y | N Type:	Background Color:	Lettering: Style:_____ Size: _____ Color: _____
For window signs, total window area:	☐ Color rendering of proposed sign ☐ Photo of existing façade ☐ Rendering of sign as it would appear on the facade	
For temporary signs, duration requested: ☐ 30 days ☐ 60 days ☐ 90 days ☐ other:		

APPROVAL / DENIAL

Fee paid (as per §300-119) $_____ Date ___/___/___ ☐ **Cash** ☐ **Check # _____**

1. Conforms to setback/bulk requirements? ☐ YES ☐ NO
2. Permitted use in zone? ☐ YES ☐ NO
3. Max building coverage allowed: _____Conforms? ☐ YES ☐ NO
4. Max lot coverage allowed: _____ Conforms? ☐ YES ☐ NO
5. Max floor area allowed: _____ Conforms? ☐ YES ☐ NO

Comments:

☐ **Approved** ☐ **Denied** **Reason for denial:** ☐ **Land use Board approval required**
☐ **Waiver of site plan approval granted** ☐ **Health Department Approval Required**
☐ **Other:** _____

_____ _____
Zoning/Officer Date

_____ _____ _____ _____
Historic Preservation Date Health Department Date