

**INDEPENDENCE TOWNSHIP
MUNICIPAL BUILDING
286B ROUTE 46
P.O. BOX 164
GREAT MEADOWS, NJ 07838**

Office of Zoning Official

COMMERCIAL – NEW BUSINESS OR CHANGE OF USE FORM

Block: _____ Site Address: _____ Date: _____

Lot: _____ Zone District: _____ Lot Size: _____

Applicant: _____ Phone (Home): _____

Fax Number: _____ Phone (Office): _____

On Behalf of: _____

Name of Previous Owner/Tenant: _____

Description of previous use: _____

Description of proposed new use: _____

Approx. square footage of bldg. or space for new use: _____

Has a variance been granted on the lot Yes No If so, when _____

Is a sign permit required for the new use? Yes (obtain permit) No

Applications for new business or change of use must be accompanied by floor plan sketch, business name and cover letter describing operations.

I hereby certify that the above information is true to the best of my knowledge

Applicant Signature

Date Paid: _____
Check #: _____

Based on the information, this application is:

Denied *Conditionally Approved Approved Permit No. _____

*Conditional Approval based on concurrent findings of the Construction Official

Zoning Officer

Date Deemed Complete