

TOWNSHIP OF MAHWAH

TENANT APPLICATION CHECKLIST

1. COMPLETE TITLE BLOCK INFORMATION
2. SITE PLAN TO SCALE INDICATING AREA TO BE OCCUPIED BY TENANT. (9 COPIES OF EACH)
3. FLOOR PLAN TO SCALE INDICATING AREA TO BE OCCUPIED BY TENANT. (9 COPIES OF EACH)
4. DETAILED DRAWING OF PROPOSED SIGNS – IF EXISTING, INDICATE WHAT CHANGES IF ANY WILL BE MADE TO EXISTING SIGNS. (9 COPIES OF EACH)
5. SIGN LOCATION AND DETAILS.
6. SHOW A DIAGRAM OF THE SANITARY FACILITIES (BATHROOMS).
7. SIGNATURE OF OWNER.
8. SIGNATURE OF TENANT.
9. APPLICATION FEE OF \$50.00 – CHECKS TO BE MADE OUT TO THE TOWNSHIP OF MAHWAH.
10. MUST SHOW A PARKING PLAN FOR THE COMPLETE LOCATION AND ALSO SHOW NUMBER OF PARKING SPACES EACH TENANT IS USING INCLUDING YOURS.
11. IF IT IS DETERMIND BY THE ZONING OFFICER THAT THIS APPLICATION NEEDS PLANNING BOARD APPROVAL, AN ADDITIONAL FEE OF \$75.00 IS REQUIRED BY THE PLANNING BOARD TO COVER ADMINISTRATIVE FEES.

ALL INFORMATION MUST BE COMPLETE AND COPIES ATTACHED

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_  
(ORD, #913 - \$50.00)

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS OF PROPERTY OWNER \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

LOCATED IN WHAT ZONE \_\_\_\_\_

IS THIS A SUBLEASE? \_\_\_\_\_ IF YES, FROM WHOM: \_\_\_\_\_

LOCATION OF SPACE IN BUILDING (SQ. FT.) \_\_\_\_\_ SQ.FT.

ATTACH PLAN TO SCALE OF INTERIOR OF BUILDING INDICATING SPECIFIC AREA TO BE OCCUPIED. PLANS MUST HAVE SUFFICIENT INFORMATION AND CLARITY FOR REVIEW OF CODE REQUIREMENTS INCLUDE DETAILS OF TENANT SEPARATIONS OF WALL, MEANS OF EGRESS, FIRE SAFETY AND LIGHT AND VENTILATION.

TYPE OF BUSINESS \_\_\_\_\_

\_\_\_\_\_  
(DESCRIBE IN DETAIL, REFER TO USE GROUP CLASSIFICATION AND FIRE GRADING OF STATE UNIFORM CONSTRUCTION CODE).

USE GROUP \_\_\_\_\_ FIRE GRADING \_\_\_\_\_  
CONSTRUCTION CLASSIFICATION \_\_\_\_\_

PRODUCT AND/OR MATERIAL STORAGE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(STATE IF MATERIAL IS FLAMMABLE OR TOXIC, SUBMIT MANUFACTURERS SPECIFICATION SHEET FOR EACH CHEMICAL IF APPLICABLE). PRODUCT AND/OR MATERIAL STORAGE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(STATE IF MATERIAL IS FLAMMABLE OR TOXIC, SUBMIT MANUFACTURERS SPECIFICATION SHEET FOR EACH CHEMICAL IF APPLICABLE).

STORAGE: INDOOR \_\_\_\_\_ OUTDOOR \_\_\_\_\_

DESCRIBE IN DETAIL ALL SAFETY PROVISIONS FOR STORAGE \_\_\_\_\_

\_\_\_\_\_  
NUMBER OF EMPLOYEES \_\_\_\_\_ NUMBER OF SHIFTS \_\_\_\_\_

HOURS OF OPERATIONS \_\_\_\_\_ DAYS OF OPERATION \_\_\_\_\_

NUMBER OF PARKING SPACES FOR APPLICANT \_\_\_\_\_

TOTAL NUMBER OF PARKING SPACES ON SITE \_\_\_\_\_

ATTACH A PARKING PLAN TO SCALE. IF A SITE PLAN HAS BEEN FILED WITH THE BUILDING INSPECTOR - ONE COPY OF THE APPROVED SITE PLAN MUST ACCOMPANY THIS APPLICATION.

LIST OTHER TENANTS AND PORTION, IN SQUARE FOOT, OF BUILDING THEY OCCUPY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNS

IF ANY SIGNS ARE PROPOSED, SUBMIT A SKETCH AND SPECIFICATION OF SIGN. WHERE WILL SIGN BE LOCATED? \_\_\_\_\_

ILLUMINATED? YES \_\_\_\_\_ NO \_\_\_\_\_ ARE ANY SIGNS TO BE

REMOVED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY \_\_\_\_\_ ERECTED OR ALTERED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME OF TENANT PRINCIPAL OFFICER

NOTE: ALL SIGNS REQUIRE A ZONING APPLICATION AND BUILDING PERMIT.