

TOWNSHIP OF MAHWAH
575 CORPORATE DRIVE
MAHWAH, NJ 07430

TENANT APPLICATION CHECKLIST

1. COMPLETE TITLE BLOCK INFORMATION.
2. SITE PLAN TO SCALE INDICATING AREA TO BE OCCUPIED BY TENANT. (15 COPIES OF EACH)
3. FLOOR PLAN TO SCALE INDICATING AREA TO BE OCCUPIED BY TENANT. (15 COPIES OF EACH)
4. DETAILED DRAWING OF PROPOSED SIGNS – IF EXISTING, INDICATE WHAT CHANGES IF ANY WILL BE MADE TO EXISTING SIGNS. (15 COPIES OF EACH)
5. SIGN LOCATIONS AND DETAILS.
6. SHOW A DIAGRAM OF THE SANITARY FACILITIES (BATHROOMS) FOR EMPLOYEE USE.
7. SANITARY SEWER OR SEPTIC SYSTEM (CIRCLE ONE)
8. SIGNATURE OF OWNER.
9. SIGNATURE OF TENANT.
10. APPLICATION FEE OF \$50.00 – CHECKS TO BE MADE OUT TO THE TOWNSHIP OF MAWAH.
11. MUST SHOW A PARKING PLAN FOR THE COMPLETE LOCATION AND ALSO SHOW NUMBER OF PARKING SPACES EACH TENANT IS USING INCLUDING YOURS.
12. IF IT IS DETERMINED BY THE ZONING OFFICER THAT THIS APPLICATION NEEDS PLANNING BOARD APPROVAL, AN ADDITIONAL FEE OF \$100.00 IS REQUIRED BY THE PLANNING BOARD TO COVER ADMINISTRATIVE FEES.
13. MUST SHOW WATER LINE (OR WELL), SEWER LINE (OR SEPTIC SYSTEM) AND DUMPSTER ENCLOSURE TO SATISFY HEALTH DEPARTMENT REQUIREMENTS. FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN A DENIAL OF THE APPLICATION BY THE HEALTH DEPARTMENT.

ALL INFORMATION MUST BE COMPLETE AND COPIES ATTACHED.

TOWNSHIP OF MAHWAH
TENANT APPLICATION

TENANT NO. _____

DATE _____

FEE \$50.00

PAID:

CASH__ CHECK # _____

ADDRESS _____

BLOCK _____ LOT _____ ZONE _____

TENANT NAME _____

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE # (____) _____

E-MAIL _____

TYPE OF BUSINESS _____

NAME OF PROPERTY OWNER _____

ADDRESS OF PROPERTY OWNER _____

TELEPHONE # (____) _____

E-MAIL _____

IS THIS A SUBLEASE? _____. IF YES, FROM WHOM: _____

SPACE TO BE OCCUPIED BY TENANT _____ 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.

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). _____

STORAGE: INDOOR _____ OUTDOOR _____

DESCRIBE IN DETAIL ALL SAFETY PROVISIONS FOR STORAGE _____

NUMBER OF EMPLOYEES _____

NUMBER OF SHIFTS _____

HOURS OF OPERATION _____

DAYS OF OPERATION _____

NUMBER OF PARKING SPACES FOR APPLICANT _____. (PROVIDE TENANT PARKING SPACE LOCATION ON SITE PLAN/SURVEY).

TOTAL NUMBER OF PARKING SPACES ON SITE _____

LIST OTHER TENANTS AND PORTION, IN SQUARE FEET, OF BUILDING THEY OCCUPY.

WILL THE TENANT BE PROVIDING VENDING MACHINES ___ YES ___ NO

WHAT TYPE _____ HOW MANY _____

SIGNS

IF ANY SIGNS ARE PROPOSED, SUBMIT A RENDERING OF ALL SIGNS AND PROVIDE PROPOSED LOCATION ON SITE PLAN/SURVEY.

ILLUMINATED ___ YES ___ NO

SIGNATURE OF OWNER

DATE

SIGNATURE OF TENANT

DATE

NOTE: ALL SIGNS REQUIRE A ZONING APPLICATION AND BUILDING PERMIT. AN ELECTRICAL PERMIT IS REQUIRED FOR ILLUMINATED SIGNS.