



BOROUGH OF SOUTH PLAINFIELD

Department of Planning and Zoning
2480 Plainfield Avenue
South Plainfield, New Jersey 07080
Tel: 908-226-7622 Fax: 908-226-7612

NO: _____

APPLICATION FOR COMMERCIAL ZONING PERMIT

OFFICE USE ONLY

Date Paid: _____	Check No. _____	Cash: _____
Zone: _____	Approved for: _____	
Permitted By Zoning Ordinance: _____		

Supply payment of \$25.00, current survey, dimensions of principal building and all accessory buildings

DATE: _____ TELEPHONE NUMBER: _____

- Applicant/Property Owner _____
Address of applicant if different than work site _____
- Work site address _____
- Block _____ Lot _____
- Proposed use: _____

- Current use: _____

- Describe in detail the proposed activities to be conducted or the proposed construction at the subject property and any accessory activities to be conducted in any of the accessory buildings:

- State whether any of the activities described above are conducted as a non-conforming use: (if so, state facts supporting this contention) _____

8. Has the premises been the subject of any prior application to the Zoning/Planning Board?

YES NO If yes, state date: _____

Board: _____ Disposition of Application: _____ Resolution # _____

9. Indicate whether the proposed use/construction is:

An expansion of an existing business/industrial/office use _____

A relocation of an existing business/industrial/office use _____

A new business/industrial use location in town _____

10. The number of employees this expansion will bring to the business/industry _____

11. Indicate the size of structure to house the business _____

12. Contact Person:

Name _____

Address _____

Telephone Number _____

Applicant Signature

Property Owner's Signature

COMMENTS: