

OFFICE USE ONLY: PERMIT # \_\_\_\_\_ ZONE \_\_\_\_\_ PINELANDS: YES OR NO



**MONROE TOWNSHIP, GLOUCESTER COUNTY**  
**NEW BUSINESS APPLICATION**  
**& QUESTIONNAIRE**

ZONING DEPARTMENT  
 125 VIRGINIA AVENUE

WILLIAMSTOWN, NJ 08094

[www.MonroeTownshipNJ.org](http://www.MonroeTownshipNJ.org)

(856)728-9800 ext.237, 222

tanelms@monroetownshipnj.org

**\$100 NON-REFUNDABLE FEE**

CHECK, CASH (EXACT ONLY) OR MONEY ORDER

This form shall be used to begin the approval process for **commercial units only** as stated in Monroe Code 175-3(A) - A zoning permit issued by the Township Zoning Officer shall be required immediately after any commercial change of ownership, and prior to any tenant change, change of business name or change of a use or the erection, construction, reconstruction, alteration, conversion or installation of a structure or building and which acknowledges that such use, structure or building complies with the provisions of the Municipal Zoning Ordinance or variance therefrom duly authorized by a municipal agency.

<b>Business Address &amp; Unit:</b>	<b>Block:</b>	<b>Lot:</b>
<u>PROPERTY OWNER INFORMATION</u>	<u>BUSINESS &amp; TENANT INFORMATION</u>	
Owner Name:	Tenant Name:	
Owner Mailing Address:	Tenant Mailing Address (Outside of Business):	
Owner Phone Number:	Tenant Phone # (Outside of Business):	
Owner Email:	Tenant Email:	
Emergency Contact Name & Phone #:	Name of Business:	
Land Use Boards: ZBA Approval for Use, Resolution # _____ PB Approval for Use, Resolution # _____	Nature of Business:	

ANY EXTERIOR IMPROVEMENTS WILL REQUIRE A CURRENT SURVEY IN THE CURRENT OWNER'S NAME, WITH YOUR PROPOSALS DEPICTED AND DISTANCES TO THE NEAREST PROPERTY LINES, PER 175-3A(1).  
 SIGN RENDERINGS FOR ALL PROPOSED SIGNAGE MUST ALSO BE PROVIDED.

**PLEASE COMPLETE THE FOLLOWING INFORMATION AND SUBMIT A FLOOR PLAN OF YOUR PROPOSED BUSINESS:**

Previous Use of Unit/Property \_\_\_\_\_ Previous Business in Unit \_\_\_\_\_

Sq. Ft. of Business Area \_\_\_\_\_ Change of Sq. Ft.: YES or NO IF YES, Proposed Sq. Ft. \_\_\_\_\_

Public Access: YES or NO Total Number of Employees \_\_\_\_\_

Will vehicles be utilized/stored for your Business? YES or NO If Yes, how many vehicles be utilized/stored? \_\_\_\_\_

Days and Hours of Operation:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Please include any additional information pertaining to your business here that may help in the review of your application below.

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Property Owner ONLY - Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Owner ONLY - Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** APPLICATION FEE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

NOTES \_\_\_\_\_

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Zoning Official \_\_\_\_\_ Date Approved \_\_\_\_\_