



TOWNSHIP OF MONROE

GLOUCESTER COUNTY
125 VIRGINIA AVENUE
WILLIAMSTOWN, NJ 08094
TEL (856) 728-9800 EXT 222
www.MonroeTownshipNJ.org
tanelms@monroetownshipnj.org

GREGORY WOLFE
MAYOR

TARA NELMS
ZONING OFFICIAL

WELCOME PACKET FOR NEW BUSINESSES

Thank you for considering Monroe Township for your business location! We are providing this packet of steps, and information to assist you in the process of opening a business here in Monroe Township.

If you have questions about any of the steps, please feel free to call the respective Departments or entities, and each of the Township forms can also be found on the Township website, www.MonroeTownshipNJ.org.

Please note that this list is not all-inclusive, and there may be other approvals required in order to obtain a CO, but we hope that this is a helpful start.

Locating the Zone: Locate your potential properties and contact the Zoning Office to find out the Zoning of the property. Our office can be contacted at 856-728-9800 ext. 237 or 222.

Permitted Uses: If you are proposing a permitted use that is substantially similar to the last use on the site, and the minimum parking requirements are not more intense than the last use, complete a New Business Zoning Application for Non-Residential Uses and submit it to the Zoning Department with the required \$100 fee. The Zoning Official will review the application within 10 business days. Please also advise of any signage changes, construction, or renovations at the time of this application. Any exterior improvements will require a current survey in the current owner's name, if you are purchasing the property please ensure you obtain a new survey.

**If there is any change to the use, or the parking is substantially more intense, please skip refer to the Change of Use or Board Review.*

Change of Use or Board Review: If you are proposing a change of use, your parking requirements are more intense than the previous use, or you require site plan or variance approval, you will still apply as directed in Step 2. A referral form to the Board will be completed by the Zoning Official within 10 business days in order for you to file your application with the Planning or Zoning Board. Please also advise of any signage changes, construction, or renovations at the time of this application.

**If you are applying under an agreement of sale, contingent upon a Board approval, you will go directly to the Board Office for your application, and apply for your permits after the sale of the property. You can contact the Board Office at 856-728-9800 ext. 279 or 271*

Water and Sewer Availability and/or Change in Use: This step is to determine if service is available regarding connecting to the Monroe Municipal Utilities Authority existing sewer and/or water system. Please contact the MMUA at 856-629-1444 or www.monroemuaj.com/construction applications to also get information for existing commercial or industrial connections that will be changing in use.

Food Sales and Well and/or Septic: This step is only relevant to any business that is serving or selling food (including packaged), and/or if the property has a well/septic system and it is changing ownership or use. You can contact the Gloucester County Health Department at 856-218-4180 and the Monroe Township Board of Health at 856-728-9800 ext. 213.

Certificate of Occupancy (CO) or Certificate of Continued Occupancy (CCO): Upon the approval of any and all required Board Approvals, Zoning Permits, and Health Department Applications (for food and septic serviced buildings), you will apply to the Construction Office for a CO or CCO based on a review of the proposed Use Group and previous Use Group of the building. This can be clarified by contacting the Construction office at 856-728-9800 ext. 294 prior to application. Any and all permits for renovations, construction and signage will also be applied for at this time.

Business Registration for Fire Prevention: Once a CO or CCO is issued, you must register your business with the Fire Prevention Department, and have annual fire safety inspections. You can reach the Fire Official's office at 856-728-9800 ext. 256.

Resale Inspections & CO for Residential Units on Commercial Properties: Any residential property that changes ownership, or tenants requires a CO in Monroe Township. If you are purchasing a commercial property with an existing residential unit, a CO inspection and issuance will be required prior to the sale/purchase of the property. You can contact the Housing Office directly at 856-728-9800 ext. 272.

WE LOOK FORWARD TO WORKING WITH YOU!

OFFICE USE ONLY: PERMIT # _____ ZONE _____

PINELANDS: YES OR NO



MONROE TOWNSHIP, GLOUCESTER COUNTY

**NEW BUSINESS APPLICATION
& QUESTIONNAIRE****\$100 NON-REFUNDABLE FEE**

CHECK, CASH (EXACT ONLY) OR MONEY ORDER

ZONING DEPARTMENT

125 VIRGINIA AVENUE

WILLIAMSTOWN, NJ 08094

www.MonroeTownshipNJ.org

(856)728-9800 ext.237, 222

tanelms@monroetownshipnj.org

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.

Business Address & Unit:	Block:	Lot:
<u>PROPERTY OWNER INFORMATION</u>	<u>BUSINESS & 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:

Property Owner ONLY - Print: _____ Signature: _____ Date: _____

Business Owner ONLY - Print: _____ Signature: _____ Date: _____

OFFICE USE ONLY: APPLICATION FEE: _____ DATE RECEIVED: _____ RECEIVED BY: _____

NOTES _____

Zoning Official _____ Date Approved _____

For the MMUA availability:

www.monroemuanj.com

under construction permit

Form e-d (availability of water & sewer)

Submit it online

Change of Use \$250



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Contractor _____
Owner in Fee _____ Address _____
Address _____

Tel. _____

Tel. _____ License No. _____
Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ OWNER ☐ AGENT



TOWNSHIP OF MONROE

CONSTRUCTION CODE OFFICE
125 VIRGINIA AVENUE, WILLIAMSTOWN, NJ 08094
Bryan Glaze, Construction Official
856-728-9800 x 221
bglaze@monroetownshipnj.org

Jennifer Ballard
Technical Assistant
TEL (856) 728-9800 x294
jballard@monroetownshipnj.org

BUSINESS CO APPLICATION W/ NO CHANGE IN USE

Property Identification

Block: _____ Lot: _____

Address: _____

Suite or Unit # _____

Who owns the Property? _____

What is their Mailing Address? _____

Phone #: _____

Business Identification

Name of Business: _____

Phone #: _____ Email: _____

Federal Employee ID #: _____

Describe your business in detail: _____

Owner of the Business

____ Property Owner or ____ Tenant

Who owns the Business? _____

Is this an ____ Individual or ____ Corporation? _____

What is their Mailing Address? _____

Phone #: _____

If a Corporation, Name & Address of Agent: _____

I hereby attest, that to the best of my knowledge, all information on this application is true

SIGNED: _____

☐ OWNER ☐ AGENT

OFFICE USE

Permit #: _____

Application Date: _____

Zoning Permit #: _____

Application
Complete: _____

Initial: _____ Date: _____

Use Group _____

FEE - \$168

Fee Paid \$ _____
Check # / Cash _____

INSPECTIONS:

Building
Date Passed _____

By _____

Electric
Date Passed _____

By _____

Plumbing
Date Passed _____

By _____

Fire
Date Passed _____

By _____

BOH Approved: _____

Certificate Printed: _____



GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND SENIOR SERVICES
204 E. Holly Avenue, Sewell, NJ 08080
(856) 218-4170 Phone
(856) 218-4161 Fax

APPLICATION TO CONSTRUCT/ALTER/RENOVATE A RETAIL FOOD ESTABLISHMENT

1. Type of Construction: ☐ New ☐ Addition ☐ Renovation (to your existing establishment) ☐ New Owner
2. Location of Project: Municipality _____ Block# _____ Lot# _____
Street Address _____ Zip _____
Proposed Trade Name _____
Existing/Former Trade Name _____
3. Name of Owner/Operator _____ Phone# _____
Present Address _____
Email Address _____
4. Type of Establishment _____ On-Site Dining: ☐ Yes ☐ No
5. Intended Menu _____
6. Proposed layout, mechanical schematics, construction materials and finish schedule

7. Proposed equipment types, manufacturers, locations, dimensions & installation specifications

8. Water Supply: Municipal ☐ Private Well ☐ Sewage Disposal: Municipal ☐ Private Septic System ☐
9. Square Footage of Establishment: _____ sq. ft. Plan Review Fee: \$ _____ (Indicate Amount Enclosed)

(PAYABLE BY CHECK OR MONEY ORDER TO: COUNTY OF GLOUCESTER)

\$75.00 – Risk Factor 1 \$100.00 – Risk Factor 2 \$150.00 – Risk Factor 3

SUBMIT PLANS WITH APPLICATION AND FEE

Signature of Applicant _____ Date _____

FOR AGENCY USE ONLY

____ Application Denied (reason for denial) _____

____ Application Approved ____ Application Conditionally Approved

Date of Action _____ Signature _____



Change of Use for a Commercial Building or Facility
Phone: (856) 218-4170 Fax: (856) 218-4161

When an expansion or a change of use of a commercial building or facility served by an existing individual subsurface sewage disposal system is proposed, an engineer must determine if such a change of use or expansion is an increase in flow or a change in the character of the waste. A licensed professional engineer must make this determination based upon the requirements of N.J.A.C. 7:9A-7.3 and 7.4.

When there is no increase in flow or a change in the character of the waste, an engineer's report must be submitted on the existing volume of sewage and the proposed volume of sewage.

When an expansion or change of use of commercial building or facility will result in an increase in flow or change in the character of the waste, an engineering report must be submitted including the following:

1. All existing system components to be used in the system must be inspected in accordance with the inspection requirements of NJAC.7:9A-12.6.
2. A report on the existing volume of sewage and the proposed volume of sewage.
3. All aspects of the location, design, construction, installation and operation of the existing system are in conformance with the requirements of this chapter or are altered so that they will be in conformance with the requirements of this chapter.
4. The expansion or change of use of the building or facility served will not exceed the design capacity of the existing system; and
5. A report, which may be based on the Recommended Standards for Evaluation of an Existing Septic System as proposed by NJDEP, that the existing system is functioning properly.



ADDITION OR CHANGE OF USE SUBMISSION REQUIREMENTS

Phone (856) 218-4170 Fax (856) 218-4161

The cost of the review is \$50.00 and is payable to the "County of Gloucester" by check or money order.

Sketch of Property

Dimensions and Configuration

- + Well location- Distance from existing dwelling and new dwelling/ addition.
- + Septic System components location.
- + Label components of sewage disposal system.
- + Distance of septic system components to existing dwelling and new dwelling/addition.

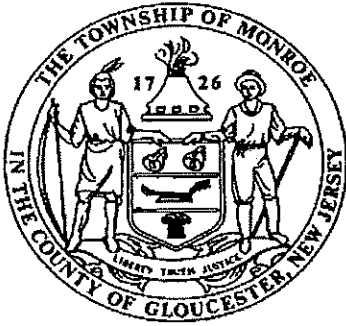
Explain in writing what your alteration will be:

- + Include number of bedrooms before and after addition/new dwelling
- + Provide a floor plan of the existing dwelling, label all rooms and show doorways
- + Provide a floor plan of the dwelling after the construction of the proposed addition/new dwelling.
- + Label all rooms and show doorways.

Provide a written statement as to whether or not your existing sewage disposal system is malfunctioning. Please provide:

- + Owners Name
- + Mailing Address
- + Telephone Number
- + Block and Lot numbers
- + Township

Additional information may be required as determined on a case-by-case basis.



TOWNSHIP OF MONROE

125 VIRGINIA AVENUE
WILLIAMSTOWN NJ 08094

RETAIL FOOD LICENSE APPLICATION

Owner of Business _____

Address of Owner _____

Home Phone _____ Business Phone _____

Name of Business/Trade _____

Address of Business _____

License Renewal Every January 1st

(pending continued compliance with all Township Codes (283-7 A & B).

Cost of License:

Forty dollars (\$40.00) for the first 2500 square feet and forty dollars (40.00) for each additional 2500 square feet. Where the square footage cannot be easily ascertained, the charge shall be forty dollars (\$40.00) (i.e. mobile units or temporary food establishments).

Late fee for said license, after January 31st, shall be \$5.00 per month every month thereafter that payment is not received.

Square footage of space used for retail/ wholesale food is _____

Amount enclosed _____ Date of payment _____

Mail New License to: _____

Printed name of Owner/Operator _____

Signature of Owner/Operator _____

Sherri McIlvaine
Board of Health
(856) 728-9800 x213

Date Received _____ Amount _____ License issued _____



**TOWNSHIP OF MONROE
BUREAU OF FIRE PREVENTION**

125 Virginia Ave.
Williamstown, NJ 08094-1768
856-728-9800 Ext. 256
856-875-2941 (Fax)

Dear Business Owner;

Pursuant to, The New Jersey State Fire Code, N.J.A.C. 570-2.6 and The Township of Monroe Ordinance 141-1(10-24-85). All businesses within the borderlines of the, Township of Monroe, must be registered with The Bureau of Fire Prevention. All businesses will be inspected on an annual basis for compliance with the New Jersey State Fire Code.

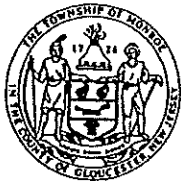
Enclosed are applications to register your business. Kindly fill out and return them to this office within 30 days. Failure to complete and return the applications will result in a penalty of not less than 200.00 dollars or more than 1,000.00 dollars.

Fire Safety is in everyone's interest. It can best be accomplished by our working together.

Thank you for your anticipated cooperation.

Sincerely,

Fire Official



TOWNSHIP OF MONROE
BUREAU OF FIRE PREVENTION
125 Virginia Ave.
Williamstown, NJ 08094-1768
856-728-9800 Ext. 256



NON-LIFE HAZARD USE REGISTRATION FORM

REGISTRANT INFORMATION

1. Business Ownership (mark the correct box)
(0) ☐ Corporation (1) ☐ Private/Individual (2) ☐ Partnership (3) ☐ Condominium
(4) ☐ Cooperative (5) ☐ Government Agency (6) ☐ LLC Corporation
2. Business Owner Mailing Address:
If Private/Individual: Name _____
Last First Middle Initial
If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A, etc.
Address: _____
P.O. Box Number or Street Number and Name
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Social Security Number: _____

BUSINESS LOCATION INFORMATION

3. Name of Building or Business: _____
Building location: _____
(Number & Street)
Suite or Room Number: _____ Municipality: _____ County: _____
Business Telephone: (____) _____ Block Number: _____ Lot Number: _____
Height of Building: _____ Stories: _____ Square Footage: _____ Occupant Load: _____
BOCA Use Group: _____ Brief Description of Business: _____

FOR DIVISION USE ONLY

Inspector Name: _____ Certification Number: A00 _____ Date: ____ / ____ / ____
Registration Number: _____ LEA: _____



**TOWNSHIP OF MONROE
BUREAU OF FIRE PREVENTION**

125 Virginia Ave.
Williamstown, NJ 08094-1768
856-728-9800 Ext. 256
856-875-2941 (Fax)

Business Information

Business Name: _____

Business Address: _____ Phone # () _____

Business Owner's Name: _____

Business Owner's Home Mailing Address: _____

Business Owner's E-Mail _____

Building Owner's Name: _____

Building Owner's Address: _____ Phone # () _____

Number of Units _____ Block # _____ Lot # _____

Emergency Contact # 1 _____ Phone # () _____

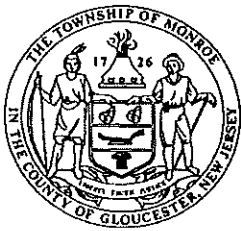
Emergency Contact # 2 _____ Phone # () _____

Agent's Name: (if applicable) _____

I certify that the above information is correct to the best of my knowledge.

Name: Print _____

Signature: _____ Date: _____

**MONROE TOWNSHIP HOUSING OFFICE**

125 VIRGINIA AVENUE

WILLIAMSTOWN, NJ 08094

856-728-9800 ext. 289 or 296

smurphy@monroetownshipnj.orgblong@monroetownshipnj.org

REF # _____

APPLICATIONS SHOULD BE SUBMITTED 3-4 WEEKS BEFORE SETTLEMENT

OFFICE USE ONLY

OP _____

VPF _____

WD _____

SD _____

RESALE APPLICATION**PROPERTY INFORMATION FOR ADDRESS TO BE INSPECTED**

ADDRESS: _____ BLOCK: _____ LOT: _____ Qual: _____

WELL: YES OR NO SEPTIC: YES OR NO Development Name: _____

OWNER INFORMATION

Name: _____

Address: _____

Email: _____

Phone: _____

Agent's Name: _____

Phone: _____

Agent's Email: _____

RESALE INFORMATION - \$100 FEE

Settlement Date: _____

Buyer's Name: _____

Email: _____

Address: _____

Phone: _____

Agent's Name: _____

Agent's Email: _____

Phone: _____

**** INSPECTIONS ARE ONLY VALID FOR 60 DAYS.******\$100 RESALE APPLICATION FEE****\$100 PENALTY FOR OCCUPYING WITHOUT A CERTIFICATE OF OCCUPANCY****\$25 RE-INSPECTION/NO-SHOW FEE**

Make checks payable to "Monroe Township Housing"

***** FOR AS-IS SALE PLEASE PROVIDE CONTRACT COVER SHEET AND CLAUSE STATING BUYER IS RESPONSIBLE FOR CO*****

NOTE: IT IS UNLAWFUL FOR THE OWNER OF ANY DWELLING UNIT TO RENT OR SELL SAID DWELLING UNIT THAT HAS RECEIVED A COMPLIANCE ORDER OR A NOTICE OF VIOLATION BEFORE CORRECTIONS OR REPAIRS ARE MADE. FURTHERMORE, ALL WORK THAT IS RELATED TO OPEN CONSTRUCTION PERMITS MUST BE COMPLETED AND PERMIT CLOSED OUT PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY. THIS DWELLING IS NOT TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED BY THE HOUSING INSPECTOR OF MONROE TOWNSHIP. A \$100 PENALTY WILL BE CHARGED FOR NON COMPLIANCE.

I SWEAR THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO COMPLY WITH THE INFORMATION LISTED ABOVE

X

X

X

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF APPLICANT

OFFICE USE ONLY:

____ DATE RECEIVED _____ AMOUNT PAID _____ RECEIVED BY

METHOD OF PAYMENT : _____ CHECK NUMBER _____ CASH

DATE OF INSPECTION _____

TIME FRAME _____

REVISED 2/1/23