

Return to:

2nd Floor

Planning/Zoning Officer
39 Trinity Street , Newton

STEP 1

ZONING PERMIT



TOWN OF NEWTON

Zoning Office
39 Trinity Street
Newton, NJ 07860
Tele: 973-383-3521 x227
Fax: 973-383-8961

APPLICATION FOR A ZONING PERMIT

Please Print or Type

Date:	Block:	Lot:	Zone:
Name of Applicant:		Location of Premises:	
Address of Applicant:			
Street	Town	Zip Code	Phone
Name of Owner (if different from Applicant)			
Address of Owner:			
Street	Town	Zip Code	Phone
Description of Proposed Use/Structure/Sign (what is it you want to build?):			

*Please attach a survey or plot plan showing: Size of plot, streets, size, type and location of existing and proposed structures, fences or signs where applicable, and distances to all property lines. A letter of approval from your Homeowners' Association, if applicable.

Owner Signature

Applicant Signature

Prior Approvals on Subject Premises:	Planning Board:	Date of Approval:	
	Zoning Board:	Date of Approval:	
Contractor or Person Doing Work (if different than owner):			
Address:			
Street	Town	Zip Code	Phone

I hereby give permission for the Town of Newton Zoning Official to come upon and inspect these premises with respect to this application

Date: _____ Print Name: _____ Owner Signature: _____

**Failure to provide all requested documents will halt the processing of this application and it will be deemed incomplete.*

**It is the responsibility of the applicant to obtain any permits required by NJDEP.*

_____ DENIED DATE _____ REASON: _____

_____ APPROVED DATE _____ SPECIAL CONDITIONS: _____

And is a: Use Permitted by Ordinance

Use Permitted by Variance approved on _____ subject to any condition attached to the grant thereof.

Valid non-conforming use (according to NJSA 40:55D-68)

ZONING OFFICER

ZONING PERMIT NO.

**NOTE: This is NOT a building permit. You will be required to apply for building permits as deemed necessary by the Construction Official.*



**TOWN OF NEWTON
CHECKLIST FOR SIGNATURE**

******FOR OFFICIAL USE ONLY******

Block _____ Lot _____

Work Site _____

Historic Review

Requirement as indicated by checkmark:

Historic is required _____

Historic is not required _____

Date of Recommendation _____

Zoning Review

Requirement as indicated by checkmark:

Zoning is required _____

Zoning is not required _____

Date of the Planning Board Approval _____

Reviewed by Zoning Officer:

Signature

Date

Return to:

2nd Floor

Planning/Zoning Officer
39 Trinity Street , Newton

STEP 2

SITE PLAN WAIVER



TOWN OF NEWTON

REQUEST FOR A SITE PLAN WAIVER

When you are requesting a waiver of site plan for establishing a new business please provide the following:

1. A letter addressed to Kathy Citterbart, Planning Board Administrator

Town of Newton
39 Trinity Street
Newton, NJ 07860

2. In the body of the letter kindly include:
 - a. Applicant's name
 - b. Property Location – Street Address & Block and Lot
 - c. Explain what type of business you will be operating – Describe the use
 - d. The days of operation
 - e. The hours of operation
 - f. How many employees – Full-Time and/or Part-time
 - g. Occupancy
 - h. Parking information - Survey or drawing of parking spaces allowed for business
 - i. Information on signage – Dimension of sign
 - j. Contact information

Add any other information that you feel will be helpful in the determination of obtaining a site plan waiver.

Please note that you will also be required to apply for all necessary building permits as deemed necessary by the Zoning Officer and Building Inspector.



Town of Newton
Planning Board Administrator
39 Trinity Street
Newton, NJ 07860
Tele: 973-383-3521 x227
Fax: 973-383-8961

WAIVER OF SITE PLAN LETTER

_____ is interested in establishing a business at
Applicant/Business Name

_____, _____
Street Address *Block and Lot*

The type of business to be conducted at this location is: *(Describe Business Type/Use)*

The proposed days and hours of operation are _____.
The proposed number of employees will be _____ full-time and _____ part-time.
The maximum number of people occupying this location at one time will be _____.
Parking for this business will be located _____. There will be a total of _____ parking spaces available for customers and employees.

Deliveries: How many deliveries will be made per week? _____
What time of day will the deliveries be made? _____
What type of truck will be used for deliveries (i.e. box, tractor trailer)?

The business will require the following signs: *(include existing and proposed signs and dimensions)*

The applicant's full contact information is:

Name of Applicant/Business Owner *Signature*

Mailing Address

Phone *Email*

Return to:

2nd Floor

Historic Commission Secretary

39 Trinity Street , Newton

STEP 3

**HISTORIC
PRESERVATION:
CERTIFICATE OF
APPROPRIATENESS**

Town of Newton

39 Trinity Street
Newton, New Jersey 07860

Phone: 973-383-3521
Fax: 973-383-8961

HISTORIC PRESERVATION ADVISORY COMMISSION Instructions for filing an application For a Certificate of Appropriateness

1. According to the Town of Newton Ordinances, any work to a locally designated historic landmark located in the municipality, or any work affecting a building and/or structure located in the Historic District, which involves new construction, demolition, relocation, changes in the exterior appearance; including alterations, renovations, new signage, exterior lighting, excavation or ground disturbance, must be reviewed by the Historic Preservation Advisory Commission for recommendation prior to the Administrative Officer's issuance of a Certificate of Appropriateness.
2. Issuance of a Certificate of Appropriateness does not automatically mean a final approval to a specific proposal. Other municipal, county or state approvals may be required. It is recommended that the applicant consult with the Town Zoning Officer, Construction Official and Planning Board Administrative Officer to determine what, if any, other approvals, permits and/or inspections may be required by the Town.
3. If your application for a Certificate of Appropriateness should be denied, the applicant may appeal the decision to the Town of Newton Planning Board with 30 days of the Administrative Officer's written decision.
4. All application forms must be completed in full, signed and submitted to the Town of Newton Community Development Office by the cut-off date indicated for each of the Commission's regularly scheduled monthly meetings.
5. All drawings, photographs and sample materials as required by the ordinance and/or checklist must be completed and submitted with the application. Incomplete applications will not be accepted and will not be scheduled for a hearing.
6. Applications for Demolition and Relocations must comply with the appropriate sections of the municipal historic preservation ordinance. A public hearing for demolition or relocation will be held by the Planning Board unless otherwise directed by said board. It shall be the applicant's responsibility for completing the public notice.
7. The applicant or a duly authorized agent with power of attorney for the applicant must be present at the scheduled hearing. All corporations must be represented by an

attorney. Written confirmation of the date, time and place of the hearing will be provided. Any application which is not properly represented may be denied without prejudice by the Commission. A continuance of the application to the next month's agenda may be permitted upon the applicant's written request and/or consent and grant of an extension of time for the review period.

8. A Certificate of Appropriateness is valid for one year from the date of issuance. Work must commence or be in the ongoing process within said time frame in order for the Certificate of Appropriateness to remain valid. If no activity has transpired with the one year time frame, the Certificate of Appropriateness shall become null and void. Extensions may be granted by the Commission on a case by case basis. The applicant must petition the Commission prior to the expiration date.

Certification: I have read the above information and understand the administrative procedures as they relate to my application.

Applicant's Signature

Date

Town of Newton

39 Trinity Street
Newton, New Jersey 07860

Phone: 973-383-3521
Fax: 973-383-8961

HISTORIC PRESERVATION ADVISORY COMMISSION Application for Certificate of Appropriateness (Please print or type)

Block: _____ Lot: _____ HPC Application No.: _____
For Office Use Only

Property Address: _____

Common Name of Property: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone: (____) _____ Fax: (____) _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone: (____) _____ Fax: (____) _____

Form of Ownership: Individual Partnership Corporate
 Governmental Nonprofit Utility

If applicant is not the owner, state the applicant's authority to bring this application and specific interest in application (i.e. agent for owner, equitable interest, agreement of sale):

Present Use: _____ Proposed Use: _____

Number of Stories: _____ Size of Property: _____

Type of Building Construction: Brick Frame Other _____

Surrounding Property Usage (your neighbors):
North: _____ East: _____
South: _____ West: _____

Has any previous application been filed in conjunction with this property? Yes No
If Yes, please list name and application number under which it was filed:

Identify Nature of Proposed Work:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Relocation | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Sign | <input type="checkbox"/> Other: _____ |

Current Condition of Affected Areas (existing materials and finishes): _____

PROPOSED WORK PROGRAM (attach additional sheets if necessary; provide samples if possible):

A. Describe Proposed Work: _____

B. Materials and Construction Methods and/or Landscaping to be used: _____

C. Will the Proposed Work Match the Existing Architectural Details? Explain: _____

Please check the appropriate letter as it pertains to your legal representation:

a. _____ I am not represented by an attorney in connection with this application.

b. _____ I am represented by _____

Address: _____

Phone: _____ in connection with this application.

CERTIFICATION: I hereby certify that the above statements made and contained in this application including any attachments are true and correct to the best of my knowledge and belief. I further understand that any falsification of information may be considered reason to deny this application. NOTE: If the applicant is other than the owner, then the owner must countersign this application indicating his/her concurrence.

Applicant's Signature

Date

Owner's Signature
(Required if applicant is not owner)

Date

Co-owner's Signature

Date

Contact Person in Charge of Work, Title

() _____
Phone No.

() _____
Fax No.

Date Received by
Administrative Officer

HPC Administrative Officer

The following checklist is for your use in completing your application for a Certificate of Appropriateness. Those items marked with an asterisk (*) are required for all applications. Other items listed are required if they are relevant to the application. The Commission also has the right to request additional information if it is determined that it will materially supplement or help to clarify a specific issue regarding the application.

	Property Owner Check Here	Town Official Check Here
1. Completed copy of application form. *	_____	_____
2. Photographs of building(s) taken of of the street side(s), also photographs of specific area(s) to be affected by the the proposed work (minimum 3 photos).*	_____	_____
3. Copy of the tax map.*	_____	_____
4. Copy of survey for the subject property.*	_____	_____
5. Brochure(s) showing the types of doors, windows, fencing, light fixtures, etc. for such items contained in the application.*	_____	_____
6. Sketch of proposed modifications, showing the proposed improvements in relation to the face of the building the work is to be done on. In the event the modification is substantial, then architectural drawings shall be required.	_____	_____
7. Samples of the siding or roofing materials proposed.	_____	_____
8. Other materials that will help explain your your proposal.	_____	_____
9. Specifications for specific improvements.	_____	_____
10. All signs require a scale drawing of the sign in place showing the sizes and type faces, along with any graphic devices, proposed to be used.	_____	_____

Return to:

Ground Floor

Construction Department
39 Trinity Street , Newton

OR

Building Department
149 Wheatsworth Road,
Hardyston Township

STEP 4

**CONSTRUCTION:
CHANGE OF USE
FORM**



APPLICATION FOR CERTIFICATE

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

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Contractor _____
Address _____ Address _____
Address _____ License No. _____ Tel. (____) _____
Tel. (____) _____ 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

Return to:

1st Floor

Clerk's Office

39 Trinity Street , Newton

STEP 5

**MISCELLANEOUS:
FOOD HANDLER'S
LICENSE**

DUE ON OR BEFORE DECEMBER 31ST



TOWN OF NEWTON
BOARD OF HEALTH
39 TRINITY STREET, NEWTON, NJ 07860

Annual Fee:
Establishment Less than 5,000 sq. ft. - \$150.00
Establishment 5,000 sq. ft. or greater - \$250.00
Check Payable To: TOWN OF NEWTON

_____ NEW _____ RENEWAL Date: _____

APPLICATION FOR PERMIT TO OPERATE
A RETAIL FOODHANDLING ESTABLISHMENT

Applicant: _____

Home Address: _____

Business Location: _____

Business: Phone No. _____ Fax No. _____

Trade Name: _____

What foods to be prepared or processed: _____

Source of Milk & Milk Products: _____

No. of Foodhandlers: _____ No. of Employees: _____

All foodhandlers must complete the Sussex County Foodhandlers Course. If you have not taken this course, please contact the Sussex County Board of Health at (973) 579-0370.

Date Course Completed: _____

The undersigned has read and understands the provisions of the Town Ordinance regulating foodhandlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature
(Owner) or Officer (if Corp.)

FOR BOARD OF HEALTH USE ONLY:

Recommendation: () Approved
 () Disapproved

Reasons for disapproval: _____

Inspector

Date Inspected

Return to:

Call 1st 973-579-0380

Fire Marshal

135 Morris Turnpike, Newton

STEP 6

SUSSEX COUNTY FIRE

MARSHAL:

BUSINESS

REGISTRATION FORM



Sussex County Sheriff's Office

OFFICE OF THE FIRE MARSHAL & FIRE COORDINATORS

135 Morris Turnpike, Newton, NJ 07860 • Phone: 973-579-0380 • Fax: 973.948.0960

Virgil R. Rome, Jr., Fire Marshal/Fire Coordinator

Email address:
vrome@sussexcountysheriff.com

Local Business Registration Form

Date Filed: _____

BUSINESS OWNER INFORMATION			
Business Name (Legal Name)			
Business Mailing Address			
Business Telephone	Business Fax	E-Mail	
Business Federal ID Number	Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other		
Do you own the building or are you a tenant?		<input type="checkbox"/> Own <input type="checkbox"/> Lease	
BUILDING OWNER INFORMATION			
Building Owner's Name			
Building Owner's Address			
Building Owner's Telephone	Building Owner's Fax	E-Mail	
BUILDING LOCATION INFORMATION			
Street Address			
Block	Lot	Municipality	County SUSSEX COUNTY
Building Height	Square Footage	Occupancy Load	
Please describe your use/occupancy of this building/business:			

ALARM/SUPPRESSION SYSTEM INFORMATION

Please describe the system:

Monitoring Company Name

Telephone

EMERGENCY CONTACT INFORMATION

Name/Title	E-Mail Address	Phone Number
1.		
2.		
3.		

CERTIFICATION

I certify that all statements and information submitted are true.

Signature

Date

Print Name and Title

OFFICIAL USE ONLY--DO NOT WRITE BELOW THIS LINE

Local ID#:

State ID #:

Date Registered: