

**BOROUGH OF GLASSBORO**

1 South Main Street, Glassboro NJ 08028 (Mailing Address)

10 South Poplar Street, Glassboro NJ 08028 (Location)

Phone 856.881.8140 Fax 856.863.4690

ZONING APPLICATION #: \_\_\_\_\_

- New Unit Created
- Redevelopment
- Workshop
- Rental Yes/No

**APPLICATION FOR ZONING PERMIT**

Location of Worksite: \_\_\_\_\_ BLOCK # \_\_\_\_\_ LOT# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Print \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Description of Work: \_\_\_\_\_

Business Name: \_\_\_\_\_ # of Employees & Hours of Operation: \_\_\_\_\_

**ATTACH A PLOT PLAN OR SURVEY SHEET**

**OFFICE USE BELOW**

Current Zoning: \_\_\_\_\_ Corner Lot: \_\_\_\_\_

Footprint of Improvement (Sq Ft.): \_\_\_\_\_ Height of Improvement: \_\_\_\_\_

Building Permitted Coverage: \_\_\_\_\_ % Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_

Recreation Permitted Paving: \_\_\_\_\_ % Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_

Parking Permitted Paving: \_\_\_\_\_ Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_

Total Coverage: \_\_\_\_\_ %

New Total Building : \_\_\_\_\_ \*No Dumpsters to be parked on any

New Total Parking: \_\_\_\_\_ public roadways \_\_\_\_\_

New Total Recreation: \_\_\_\_\_ New unit - W&S notified \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

CLARK PIERPONT, ZONING OFFICER

**FOR OFFICE USE ONLY:**

Residential Fee \$40 DATE: \_\_\_\_\_ CHECK# \_\_\_\_\_ Collected By: \_\_\_\_\_

Non-Residential Fee: \$50 DATE: \_\_\_\_\_ CHECK# \_\_\_\_\_ Collected By: \_\_\_\_\_

Compliance Letter: \$25 DATE: \_\_\_\_\_ CHECK# \_\_\_\_\_ Collected By: \_\_\_\_\_

Construction Permit: \_\_\_\_\_ Street Opening: \_\_\_\_\_ Water & Sewer: \_\_\_\_\_

Licenses: CCO: \_\_\_\_\_ Mercantile: \_\_\_\_\_ Fire: \_\_\_\_\_ Food: \_\_\_\_\_ County Food: \_\_\_\_\_

Applicant assumes all responsibility for any impact on drainage and grades

A denial requires a Zoning Board of Adjustment Approval

New Construction requires curbs and sidewalks

BOROUGH OF GLASSBORO

10 S. POPLAR STREET

GLASSBORO, NJ 08028

Phone (856) 881-9230 ext. 88140 Fax (856) 881-5230

**APPLICATION FOR CERTIFICATE OF TRANSFER OF TITLE/TENACY**

Address of Inspection: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

Buyers/Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

Realtor/Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Copy of Contract of Sale/Rental Agreement: \_\_\_\_\_

Purchase/Rental Price: \_\_\_\_\_ (Optional)

Inspection Date: \_\_\_\_\_ Compliance: \_\_\_\_\_ Non-Compliance: \_\_\_\_\_

Fee Remitted: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Collected By: \_\_\_\_\_

**FEE: First Unit \$200.00**

General Code: Chapter 200-2 (Section C)

**Additional Units \$100.00**

**A ZONING PERMIT IS REQUIRED PRIOR TO NEW TENANCY/OWNER OCCUPANCY.**

## MERCANTILE LICENSE APPLICATION

### GENERAL INFORMATION

- Application Fee: \$10.00 (Make payable to "Borough of Glassboro")
- P.O. Boxes are not sufficient address
- Licensing Term: January 1<sup>st</sup> – December 31<sup>st</sup>
- Please mail application prior to February 1, 2017

A mercantile license will not be issued until any/all fees owed to the Borough of Glassboro are paid in full.

### BUSINESS INFORMATION

Date: \_\_\_\_\_ Initial Application: \_\_\_\_\_ Renewal: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Email: \_\_\_\_\_  
DBA: \_\_\_\_\_ Description of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
Fax: \_\_\_\_\_ # of Employees: \_\_\_\_\_

### OWNER INFORMATION

Name of Owner of Business: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Please provide previous address if Applicant has been at current address less than five years:

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name of Corporation/Partnership/LLC: \_\_\_\_\_  
If Corporation/Partnership/LLC: Provide names, address and phone numbers of all officers, members or partners:  
(Attach information on additional page if necessary)

Name: _____	Title: _____	Address: _____	Phone: _____
Name: _____	Title: _____	Address: _____	Phone: _____
Name: _____	Title: _____	Address: _____	Phone: _____

If a Corporation/Partnership/LLC: Please provide name, address and phone number of Registered Agent:

Emergency Phone No: \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_

### PROPERTY INFORMATION

Name of Owner of Property Where Business Is Located: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Property Manager: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### CERTIFICATION

Has any previous Business License in this Borough, held by the applicant, been suspended or revoked? Yes \_\_\_ No \_\_\_  
If yes, please describe: \_\_\_\_\_  
Have you been convicted of any crimes of the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> degree? Yes \_\_\_ No \_\_\_  
If yes, please provide date and location of conviction: \_\_\_\_\_

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinances of the Borough of Glassboro applicable to the operation of said business. In the event any information given was willfully false, my license shall be declared null and void.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Mail To: Economic Development  
1 South Main Street  
Glassboro, NJ 08028  
Attn: Tawana Bryant

Office Use Only:  
Check#:  
License#:

Rev: 12/16



**Glassboro Bureau of Fire Prevention**

10 South Poplar St.

Glassboro, NJ 08028

856-881-9230 ext. 88350 – 856-307-0516 (fax)

**L.E.A. - 0806001**

1. Name of business:

\_\_\_\_\_

2. Business address:

\_\_\_\_\_

3. Business phone number:

\_\_\_\_\_

4. List all buildings and their uses in detail on this property:

\_\_\_\_\_

5. Hours of operation: (ex. 9 am to 5 pm Monday through Friday)

\_\_\_\_\_

6. Height of building (in feet):

\_\_\_\_\_

7. Number of stories/floors:

\_\_\_\_\_

8. Gross square footage of each floor:

\_\_\_\_\_

9. Year building was built:

\_\_\_\_\_

10. Name, address, phone number and email of business owner (applicant):

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Local: L806 \_\_\_\_\_

State: \_\_\_\_\_

Date rcv'd: \_\_\_\_\_

Business name: \_\_\_\_\_



11. Name, address, phone number and email of building owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

12. Name address and phone number of person(s) responsible for maintenance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Names and phone numbers of three (3) people to contact for emergencies:

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

I certify that all statements made by me in the registration form are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of affiant

\_\_\_\_\_  
Printed name of affiant

Local: L806 \_\_\_\_\_ State: \_\_\_\_\_ Date rev'd: \_\_\_\_\_

Business name: \_\_\_\_\_