

TOWNSHIP OF BLAIRSTOWN

New Business – Change of Use Application

OFFICE OF THE ZONING OFFICIAL

Phone: 908-362-6663, EXT. 231

Fax: 908-362-9635

Zoning Application Fee: \$75.00

Block: _____ Site Address: _____ Date: _____

Lot: _____ Lot Size: _____ Zone District: _____

Applicant: _____

Home/Cell No. _____ Office No. _____

Address: _____ Fax No.: _____

On behalf of: _____

Name of previous Owner/Tenant: _____

Description of **previous** use: _____

Description of **proposed** new use: _____

Approx. square footage of building/space for new use: _____

Has a variance been granted on the lot: Yes - date granted: _____ No

Is a sign permit required for new use? Yes (obtain permit) No

Applications for new business or change of use must be accompanied by floor plan sketch, business name, and cover letter describing operations.

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

Signature of Applicant: _____

Date Paid: _____ Check No.: _____

Based on the information, this application is:

Denied Approved *Conditionally Approved Permit No. _____

*Conditional approval based on concurrent findings of the Construction Official

Zoning Official

Date Deemed Complete