



# Township of Saddle Brook, New Jersey

## ZONING / USE APPLICATION

540 SADDLE RIVER ROAD

SADDLE BROOK, NEW JERSEY 07663

PHONE: (201) 843-7111 FAX: (201) 843-0697

Note: This is not a Building, Fire or a Health Permit  
(Permits may be needed after approval has been granted by the Zoning official)

**Place date stamp here**

**APPLICATION FEE: Residential \$25 Commercial \$100**

BLOCK: \_\_\_\_\_ LOT(S): \_\_\_\_\_ ZONE: \_\_\_\_\_

\_\_\_\_\_  
PROPERTY LOCATION / WORK SITE

DATE RECEIVED: \_\_\_\_\_

OWNER OF RECORD

DATE APPROVED: \_\_\_\_\_

DATE DENIED: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
HOME WORK CELL

NAME OF APPLICANT, CONTRACTOR, OR PERSON RESPONSIBLE FOR WORK - IF OTHER THAN OWNER

\_\_\_\_\_  
ADDRESS OF APPLICANT - IF OTHER THAN OWNER (\_\_\_\_\_) DAYTIME PHONE

**AUTHORIZATION:** ANYONE OTHER THAN ABOVE OWNER IS MAKING THIS APPLICATION, THE FOLLOWING AUTHORIZATION MUST BE EXECUTED)

**TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TWP. OF SADDLE BROOK:**

\_\_\_\_\_  
Name of Designee

**IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION**  
The attached survey depicts an accurate rendering of the actual building and any other coverage on my property as it stands today. I understand that providing false or misleading information will lead to fines up to \$500.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER

**DESCRIBE PROPOSED WORK AND/OR USE:**

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

**Please fill in information that is appropriate for Residential or Commercial Structures**

1. Describe in detail the previous/existing use of the property including any buildings on the grounds, or if the premises are vacant. The most recent use of the property and the date this use was discontinued.

---

---

---

---

2. Describe in detail the activity or activities to be conducted on the premises, in the principal structure, accessory structure or on the grounds.

---

---

---

---

a. Days and hours of operation: \_\_\_\_\_

b. Days and hours open to the public: \_\_\_\_\_

c. Traffic concerns pertaining to your application: \_\_\_\_\_

1. Days and hours of any deliveries (trucks, cars, or vans) \_\_\_\_\_

2. Vehicles to be parked on site overnight (trucks, cars, or vans) \_\_\_\_\_

d. Number of employees on site (highest shift) \_\_\_\_\_

3. A survey is required indicating all current structures on the site. When a photocopy of a survey is submitted it must be an exact copy (not enlarged or reduced). It **must be accurate to the scale matching the survey** or the application will be deemed incomplete and returned to you.

4. If new construction is proposed, the location, dimensions and all other setbacks from the property lines must be shown.

5. If this site has had any Planning or Zoning Board approvals in the past, please attach copy of same.

**You must fill in all information that is appropriate to your application. Failure to complete will result in the delay in the review process.**

\_\_\_\_\_  
APPLICANT SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

**PERMIT DENIED** \_\_\_\_\_

\_\_\_\_\_  
OFFICIAL

\_\_\_\_\_  
DATE

REASONS / CONDITIONS / REMARKS:

---

---

---

---

---