

**Application for Site Plan Waiver  
(Chapter 250-7.2)**

**Florham Park Planning Board**

Application No. \_\_\_\_\_ Date Filed: \_\_\_\_\_

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The following must be submitted to the Board Secretary at least 10 days prior to the hearing:

- ✓ Application Fee: \$350.00
- ✓ Initial Escrow Deposit: \$600.00 (additional fees may be assessed)
- ✓ Separate checks for each. Make payable to: The Borough of Florham Park

**15 Copies of the Following Must be submitted to the Board Secretary**

- Complete Application
- Official Tax Map – Depicting the location of said property
- Site Plan – This should include parking, shall be latest revision and include the name and address of the preparer.
- Floor Plan – supply both the current and proposed architectural plans. You must include the name and address of the preparer of said plans.
- Any and all required maps and related information.

*Application packages must be collated and assembled prior to submission*

**1 Copy of the Following must be submitted to the Board Secretary**

- Certification from the Tax Collector indicating all taxes are paid to date
- If the property owner is other than the applicant, the owner must submit a letter stating the applicant has authority to submit the application.

**If you are Incorporated, LLC or LLP you must be represented by an Attorney.**

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Application is hereby made for review of the Site Plan hereinafter more particularly described.

1. Applicant's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_
  
2. Name and address of present owner (if other than #1 above).  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_

3. Interest of applicant if other than owner \_\_\_\_\_
4. Applicant's Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email: \_\_\_\_\_

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**SITE INFORMATION**

4. Location of site: \_\_\_\_\_
5. Tax Map Block \_\_\_\_\_, Lot Number(s) \_\_\_\_\_.
5. Area of entire tract: \_\_\_\_\_
6. Deed restrictions that apply or are contemplated. (If no restrictions, state "none", if "Yes" attach copy) \_\_\_\_\_.

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**DETAILS OF APPLICATION**

7. Description of Project: (Describe what is being proposed and why it qualifies for a Waiver of Site Plan Review) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If either wholesale or retail sales of products are contemplated, Applicant shall give a description of the products to be sold*

Name of proposed tenant: \_\_\_\_\_

What is the proposed use for space \_\_\_\_\_  
\_\_\_\_\_

Days / Hours of operation \_\_\_\_\_

Number of employees \_\_\_\_\_

Previous tenant \_\_\_\_\_ Number of Employees \_\_\_\_\_

Square footage of space \_\_\_\_\_ Parking space requirements \_\_\_\_\_

*Business Use: 1 parking space for every 250 square feet*  
*Retail Use: 1 parking space for every 200 square feet*  
*Restaurant Use: 1 parking space for every 3 seats*  
*Personal Care Services: 1 parking space for every 100 square feet*  
*(includes exercise and health clubs)*

Total Parking Spaces Available \_\_\_\_\_ Tenant assigned parking? \_\_\_\_\_  
*If parking is assigned, please indicate number and/or location of parking spaces by its lease, and the details of any such requirements.*

Will there be any additional mechanical systems installed at the proposed site? \_\_\_\_\_

\_\_\_\_\_  
*If yes, indicate how and where such mechanicals will be located (to be shown on site plan or architectural drawings)*

Will there be deliveries to the proposed site? \_\_\_\_\_

\_\_\_\_\_  
*If yes, indicate size of truck utilized, frequency and time of deliveries.*

Signage change? \_\_\_\_\_

*If yes, give details:*

\_\_\_\_\_  
*(Signage plan is to be included with the application)*

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**The following information can be obtained from the landlord/owner of the site:**

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9. If there are other uses at this site, please attach a tenant list with the following information for each tenant:

- tenant name
- square footage used (each tenant)
- number of employees (each tenant)
- days/hours of operation
- number of parking spaces required (each tenant)
- Total required parking, total available parking

10. Names of the waste management companies that will be providing your trash disposal and recycling:

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**List of maps (tax map and site plan which will include parking) and other materials, including floor plan, accompanying application.**

<u>Title</u>	<u>Prepared By</u>	<u>Number of pages</u>
1.		
2.		
3.		
4.		
5.		

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Did you include?**

- ✓ Official tax map
- ✓ Site plan
- ✓ Floor plan (current & proposed, professionally prepared by an architect)
- ✓ Completed tax certification
- ✓ Signage plan (if applicable)
- ✓ Landlord letter of consent to submit this application
- ✓ Tenant list
- ✓ Public Safety Checklist attachment

Submit to Tax Collector  
\$10.00

Borough of Florham Park

TAX CERTIFICATION

**BLOCK(S):** \_\_\_\_\_

**LOT(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PROPERTY  
OWNER:** \_\_\_\_\_

The Tax Collector of the Borough of Florham Park hereby certifies that all taxes and assessments have been paid and that no taxes are due or delinquent as to the premises which are the subject of this application as of the date indicated below.

\_\_\_\_\_  
Tax Collector or Authorized Signature

\_\_\_\_\_  
Certification Date

This information will be supplied to both Police & Fire Departments

# PUBLIC SAFETY CHECK LIST

**ALL INFORMATION GIVEN TO THESE DEPARTMENTS WILL BE HELD AS CONFIDENTIAL**

Business Name \_\_\_\_\_

Florham Park Address \_\_\_\_\_

Owners Name \_\_\_\_\_ Work#( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_

Address \_\_\_\_\_

Person(s) to be contacted in an Emergency (H= Home number, O= Other number, C= Cell number)  
Emergency contact people must be reachable on a 24 hour basis and will be contacted in the following order:

Name \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

Address \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

City \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

Name \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

Address \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

City \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

Name \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

Address \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

City \_\_\_\_\_ ( ) \_\_\_\_\_ H  O  C

Alarm System Yes  No  Company Name \_\_\_\_\_ Tele# \_\_\_\_\_

Type of System – Central Station \_\_\_ Dialer \_\_\_ Outside Audible only \_\_\_ Police Desk Connect \_\_\_\_\_

Sprinkler System Yes  No  Company Name \_\_\_\_\_ Tele# \_\_\_\_\_

Type of System – Central Station \_\_\_ Dialer \_\_\_ Outside Audible only \_\_\_ Police Desk Connect \_\_\_\_\_

Will Property be fenced in **During Construction** Yes No **After Construction** Yes No

OWNER/CONTRACTOR UNDERSTANDS THAT A TEMPORARY KNOX BOX OR PERMANENT KNOX BOX IS REQUIRED.  
IT MUST BE APPLIED FOR AT FIRE DEPARTMENT AND BE INSTALLED AT APPROVED LOCATION.

**For information, call Fire Dept # 973-377-3241**

Is there a permanent **KNOX BOX** currently serving the building? Yes No

OWNER/CONTRACTOR HAS READ AND AGREES TO THESE REQUIREMENT YES NO