



TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004-2460

Engineering Dept. (973) 882-2725
Building Dept. (973) 882-2730
Zoning (973) 882-2700 (Ext. 729)
Fax: (973) 244-9255

APPLICATION FOR ZONING PERMIT PLEASE TYPE OR PRINT

1. LOCATION OF BUSINESS (Address) _____ Block: _____ Lot: _____
BUILDING NO. _____, UNIT NO. _____ (If Applicable)
 2. NAME OF BUSINESS (Tenant) _____ Phone # _____
 3. TENANT OWNER NAME/If Incorporated: Authorized Officer: _____
 4. OWNER OF PROPERTY _____ Phone # _____
ADDRESS OF PROPERTY OWNER (Street) _____
(City, State) _____ (Zip Code) _____
 5. ZONING DISTRICT _____
 6. TOTAL SQ. FT. OF ENTIRE BUILDING: _____
SQ. FT. BREAKDOWN OF ENTIRE BUILDING: - - - OFFICE: _____
WAREHOUSE: _____; MANUFACTURING: _____; RETAIL: _____; OTHER: _____
 7. TOTAL SQ. FT. TO BE OCCUPIED BY TENANT: _____
 8. SQ. FT. BREAKDOWN OF AREA TO BE OCCUPIED: - - - OFFICE: _____
WAREHOUSE: _____; MANUFACTURING: _____; RETAIL: _____; OTHER: _____
 9. TOTAL NUMBER OF PARKING SPACES FOR ENTIRE BUILDING: _____
 10. NUMBER OF EMPLOYEES OF NEW TENANT: _____
 11. WILL THERE BE OVERNIGHT PARKING OF TRUCKS? _____, #? _____;
TRAILERS? _____, #? _____; CONSTRUCTION VEHICLES? _____ #? _____
 12. WILL THERE BE OUTDOOR STORAGE OF MATERIALS? _____
 13. PREVIOUS USE (Be Specific) _____
 14. PROPOSED USE: Describe in detail the specific activity and type of
business to be conducted in the principal building.
(MUST BE COMPLETED BY TENANT)

- ➔ MUST BE SIGNED BY TENANT: _____
15. State whether any of the activities described in number (14) above
are conducted as a nonconforming use: (if so, state facts supporting
this contention): _____

 16. To the applicants knowledge, have the above premises been the subject
of any prior application to the Zoning Board of Adjustment or
Planning Board? _____ (If yes, please explain). _____

CONTINUE ON NEXT PAGE

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

TYPE OR PRINT NAME: _____

OR

authorized agent with proof of such authorization (letter from owner)

SIGNATURE OF AUTHORIZED AGENT: _____ DATE: _____

NAME and PHONE NUMBER TO CONTACT WHEN CERTIFICATE IS READY:

NAME: _____ PHONE NO: _____
PLEASE PRINT

SIGNATURE OF TENANT: _____ DATE: _____

TYPE OR PRINT NAME: _____

THE COMPLETE APPLICATION MUST BE NOTARIZED.

Notary's Signature: _____ DATE: _____

My commission expires:

Seal

FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

NOTE: THE GRANTING OF A ZONING PERMIT DOES NOT NEGATE THE NEED TO OBTAIN OTHER REQUIRED APPROVALS.

PLEASE NOTE:

If something will be discharged into the sewer system that wasn't previously approved to go into it, TBSA form C & D must have approval from the Two Bridges Sewer Authority, in writing, otherwise omit forms C & D.

Their address is: TBSA
P.O. Box 188
Lincoln Park, New Jersey 07035
(201) 696-4494

TBSA is located at the end of Lincoln Blvd. off Two Bridges Road
Lincoln Park

NONRESIDENTIAL SEWER USE APPLICATION

TBSA Form C
8/83

By Applicant

By Authority

- 1. Applicant: _____
- Property Owner (if different): _____
- 2. Street: _____
- 3. Town: _____
- 4. Post Office Box: _____
- 5. Tax Block: _____ Lot: _____
- 6. Telephone No.: _____
- 7. Contact Person (Name/Title): _____

- Subsystem: _____
- Permit No.: _____
- Attachments: _____
- Reviewed By/Date: _____ / _____
- Approved By/Date: _____ / _____
- Entered By/Date: _____ / _____
- Comments: _____
- _____
- _____
- _____

- 8. Describe Business: _____
- 9. Will a garbage grinder with a motor of 3/4 horsepower or greater, be installed? _____ Will a grease trap be installed? _____ If yes, please state volume: _____ gallons.
- 10. Will any liquid product, process, or waste be present on the premises in quantities greater than 1,000 gallons? _____ If yes, please identify: _____
- 11. Will discharge consist only of Domestic Wastewater?* _____ If no, please complete and submit Form D, Supplemental Nondomestic Sewer Use Information.

The Authority will utilize the information furnished in this application in forming its opinion as to allow or restrict by issuance of a permit, or prohibit the proposed discharge.

In consideration of the filing of this application, the undersigned agrees:

- 1. To furnish any additional information relating to the use of the Public Sewerage System for which this application is made as may be requested by the Authority.
- 2. To accept and abide by all provisions of the Rules and Regulations of the Authority, and of all amendments that may be adopted in the future. (Available for inspection and/or purchase at the Authority offices.)
- 3. To operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the Public Sewerage System of the wastes involved, in an efficient manner at all times, and at no expense to the Authority.
- 4. To allow the Authority access to the facilities and records at reasonable times and To cooperate at all times with the Authority in their inspecting, sampling, and study of the discharge and any facilities provided for pretreatment.
- 5. To notify the Authority immediately in the event of any accident, or other occurrence that occasions discharges to the Public Sewerage System of any wastewater or substances prohibited or not covered by this permit.

The signature presented below shall certify that to the best knowledge and belief of the Applicant, or duly Authorized Representative** of the Applicant, the information furnished in this application is true, complete and accurate.

(Print or type name and position below signature

(signature)

(Date)

SUPPLEMENTAL NONDOMESTIC SEWER USE INFORMATION

TBSA Form D
8/83

By Applicant	By Authority
1. Name: _____	Parameters exceeding 5% of Plant Capacity: _____
2. Products and average production: _____ _____	Subject to USEPA Categorical Pre-treatment Std. for: _____ (40 CFR _____)
3. Type of Operation: Continuous: _____ Batch: _____ Scheduled Shutdown: _____ If yes, when: _____	NJDEP Significant Industrial User: _____
3a. SIC Code _____	Self Monitoring: _____ Reviewed By/Date: _____ Approved By/Date: _____ Entered By/Date: _____ Permit No.: _____ Effective Date: _____ Expiration Date: _____

4. Describe any waste treatment processes or devices provided prior to discharge: _____
5. Attach schematic diagram indicating discharge points and any waste treatment facilities .

6. Wastewater discharge from each process stream and other sources:

Stream	Average Daily (gpd)	Maximum Daily (gpd)	Peak (gpm)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Discharges are (measured, estimated). If estimated, why? _____
How: _____
8. Based upon knowledge of materials and operations used at the facility, could the discharge contain any pollutant regulated by Article V of the Authority Rules and Regulations? _____
9. If yes, please attach a list of such pollutants and the concentrations of each representative of normal work cycles and expected discharge. Indicate the time, date, and methods of analysis. Estimated values may be supplied for new facilities. Confirmation testing may be required in this instance.

Certification of Compliance/Noncompliance**

To the best of my knowledge and belief, that the prohibitions and restrictions of Article V of the Authority's rules and regulations (are/are not) being met on a consistent basis.

(Print or type name and capacity below signature)

(Signature)