



# Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x139 FAX: (908) 526-7479 [www.branchburg.nj.us](http://www.branchburg.nj.us)

OFFICE OF THE MUNICIPAL LAND USE OFFICER

## INDUSTRIAL OR COMMERCIAL CERTIFICATE OF USE

Section 7-1.5A4 of the Land Use Development Ordinances states that a Certificate of Use (CU) is required when any premises or portion of premises in a commercial or industrial property, whether in a commercial or industrial zone or in a different zone by reason of non-conforming use, shall be re-let, rented or sold and thereafter occupied by a new owner or tenant.

A) The following items must be submitted:

1. The completed original application.
2. One set of the most recent copy of the approved site plan with critical areas delineated, showing the size and location of all existing and proposed buildings, structures, existing sign location, existing approved outdoor storage area, and parking.
3. One set of floor plans if floor area is being proposed to be altered.
4. Health Department approval for the following proposed uses: Food Establishments, Day Care Centers, Tanning Facilities, Kennels, Veterinarians.
5. Contact the Somerset Raritan Valley Sewerage Authority (SRVSA) at (732) 469-0593 for Certificate of Payment or letter indicating connection fee not required\*
6. A copy of the approved Continuing Certificate of Occupancy (CCO) from the Code Enforcement/Building Department\*
7. D.E.P. Permit(s) and/or D.O.T. Permit(s): if applicable
8. Application fee of \$25.00

B) Building permit applications must be obtained from the Code Enforcement/Building Department if necessary.

\*NOTE: The application will be denied without SRVSA and CCO

The Zoning Department has 15 business days to review the application.  
Approved Certificates or Letters of Denial will be mailed upon completion of review.



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## CERTIFICATE OF USE APPLICATION

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

Legal Name of Applicant: \_\_\_\_\_

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

Trade Name: \_\_\_\_\_

Address of Proposed Business: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Last Occupant: \_\_\_\_\_

Contact person name & title: \_\_\_\_\_

Contact telephone: \_\_\_\_\_ Contact fax: \_\_\_\_\_

Building owner: \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner telephone: \_\_\_\_\_ Owner fax: \_\_\_\_\_

*(continued on next page)*



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OFFICE OF THE MUNICIPAL LAND USE OFFICER

Provide Detailed Description of Proposed Use (use back of sheet, if necessary)

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Hours of Operation: \_\_\_\_\_

Employees per shift: Shift 1: \_\_\_\_\_ Shift 2: \_\_\_\_\_ Shift 3: \_\_\_\_\_

Propose Outdoor Storage (✓ one)  Yes  No

If "Yes" check boxes that are relevant  Commercial Vehicles  
 Materials or Equipment  
 Trailers

Total parking spaces onsite: \_\_\_\_\_

Total Floor Area According to Use: Retail \_\_\_\_\_ Manufacturing \_\_\_\_\_  
Office \_\_\_\_\_ Assembly \_\_\_\_\_  
Warehouse \_\_\_\_\_ Fabrication \_\_\_\_\_

Will Proposed Business be Placed on TCPA List:  Yes  No

Water supply (✓ one):  Public  Well

Sewer (✓ one):  Public  Septic

Prior approval of Planning Board/Board of Adjustment case number: \_\_\_\_\_

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**For Office Use Only**

Date of Review: \_\_\_\_\_

Approved  Denied

Ordinance number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Thomas Leach, Zoning Officer



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OFFICE OF THE MUNICIPAL LAND USE OFFICER

## CERTIFICATE OF USE HEALTH SURVEY

Tenant: \_\_\_\_\_

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

Owner: \_\_\_\_\_

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

### General Information

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

Name of company: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Business fax: \_\_\_\_\_

Emergency telephone: \_\_\_\_\_ SIC number \_\_\_\_\_

Plant manager: \_\_\_\_\_

Type of business: \_\_\_\_\_

Item produced/manufactured: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Number of employees \_\_\_\_\_

Length of time at this site: \_\_\_\_\_

Person responsible for health and safety at this site:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Please check if unlisted

### Environmental

Drinking water supply (✓ one):  Public  Well

If a well: Date last sampled: \_\_\_\_\_

Laboratory name: \_\_\_\_\_

Approved cross connections (✓ one):  Yes  No

Any processing wells (✓ one):  Yes  No



TOWNSHIP OF BRANCHBURG  
 OFFICE OF THE MUNICIPAL LAND USE OFFICER  
 CERTIFICATE OF USE HEALTH SURVEY

Sewage Disposal (✓ one):       Septic       Sewer

If septic: Do you have NJPDDS-GDW (✓ one):       Yes       No

Date last pumped: \_\_\_\_\_

Storage tanks (✓ one):       Aboveground       Underground

\*\*\* Attach sheets with type, material stored, age, volume and number

List all chemicals on site: \_\_\_\_\_

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

\*\*Attach the 'Right to Know' data sheets \*\*

Drum storage area (✓ one):       Yes       No

Capacity: \_\_\_\_\_ Explosion proof: \_\_\_\_\_

Diked: \_\_\_\_\_ Sprinklered: \_\_\_\_\_

Discharge to surface water (✓ one):       Yes       No

Odor or noise emissions (✓ one):       Yes       No

Radioactive material used or handled (✓ one):       Yes       No

Does the facility have a written spill prevention plan (✓ one):       Yes       No

If any of the following items are applicable, permits may also be required by the New Jersey Department of Environmental Protection. Please contact the Somerset County Department of Health at 908-231-7155 for further information.

- Gas Station (✓ one)
  - new     existing     substantial alterations
- Well water – non-residential only. (✓ one)
  - new installation     alteration     existing     abandonment
  - (Facilities that are not on a municipal water supply may be required to do periodic testing of their source water for public safety)*
- Large Heating Unit(s). (e.g. boilers, furnaces or water heaters with a capacity of 1 million or more BTUs/hour.)
- Emergency Generator(s)
- Dry Cleaning Establishment (✓ one)
  - new     existing     substantial alterations
- Auto Body or Woodworking Shop using varnish, paints, stripper, etc. and furniture refinishing operations. (✓ one)
  - new     existing     substantial alterations
- Facility using a Waste Oil Heater (combustion equipment burning contaminated fuel oil – typically auto dealerships, repair garages, etc.)



TOWNSHIP OF BRANCHBURG  
OFFICE OF THE MUNICIPAL LAND USE OFFICER  
CERTIFICATE OF USE HEALTH SURVEY

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- Attach copies of cover sheets for all NJDEP or Federal Permits that are required for your facility's operations.
- Attached a diagram of your facility indicating the location of all storage tanks, well drum storage areas, chemical rooms, production areas, etc.

Name of person completing survey: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Application fee:	\$25.00
Make checks payable to:	Township of Branchburg
Return payment & application form to:	Township of Branchburg Zoning Office 1077 US Highway 202 North Branchburg, NJ 08876-3936



# Police Department Branchburg Township



590 OLD YORK ROAD, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-3830

FAX: (908) 526-83.99

www.branchburg.nj.us

## EMERGENCY INFORMATION FORM

New

Update

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

Trade name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Type of operation (✓ one): <input type="checkbox"/> Manufacturing <input type="checkbox"/> Office <input type="checkbox"/> Other _____	Business hours: From: _____ To: _____	Days of week: _____ _____ _____
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Person on premises after normal business hours, include janitorial services:

\_\_\_\_\_

\_\_\_\_\_

Burglar alarm (✓ one): <input type="checkbox"/> Audible <input type="checkbox"/> Dialer	Security Company: Name: _____ Telephone: _____ Address: _____
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Does security company personnel respond to alarm?  Yes  No

Are lights left on when building closes?  Yes  No

In what locations are lights left on: \_\_\_\_\_

Persons to call in emergency	1. Name: _____	Telephone: _____
	Address: _____	
	2. Name: _____	Telephone: _____
	Address: _____	
	3. Name: _____	Telephone: _____
	Address: _____	

Attach business card here

Authorized person: \_\_\_\_\_

Title: \_\_\_\_\_

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



**TOWNSHIP OF BRANCHBURG**

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x142 FAX: (908) 526-2452 [www.branchburg.nj.us](http://www.branchburg.nj.us)

OFFICE OF THE TOWNSHIP ENGINEER

**WASTEWATER DISCHARGE APPLICATION**

**COMMERCIAL / RESIDENTIAL PROPERTIES**

Permit Type (✓ one):  Annual Renewal  New Connection  Increase in discharge rate  Other \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of proposed and/or current use: (i.e. 10,000 sf office space and 15 warehouse employees, no showers.) see sheet 2 for applicable descriptions: \_\_\_\_\_

Total GPD per calculation sheet (Sum of Individual total GPD per Tenant, number 27.) \_\_\_\_\_

I certify that I am the Owner, Corporate Officer or General Partner of the property which is the subject of this application, that the foregoing statements and the materials submitted are true, and I agree to abide by the Township Sanitary Sewer Regulations as stipulated in Chapter X of the Township General Ordinances.

PLEASE SIGN AND RETURN THE APPLICATION WITH THE CALCULATION SHEET NO. 2

Owner's name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:**

1. All applications for new connections must be accompanied by detailed plans and specifications of the connection.
2. Any work proposed within any Township easement or right of way requires a Permit to Open Public Ground from the Township Engineering Department.
3. All applications for non-residential discharges involving other than typical domestic sewage must be accompanied by a complete schedule of all process waters and industrial wastes produced or expected to be produced at the property, including a description of the character of each waste, the daily volume and the maximum rates of discharge and representative analysis.
4. All applications from corporations or partnerships must be signed by a corporate officer/general partner.

**For Office Use Only**

Engineering Department	Township Official _____	Date _____	GPD (annual charge)	GPD (connection fee)	EDU's	Connection Fee
Comments: _____						
Tax Collector	Receipt from SRVSA __Y__W	Receipt of Municipal Connection Fee__Y	Tax Collector _____	Date _____		
						C: Tax Collector Land Use/Zoning Code Enforcement



TOWNSHIP OF BRANCHBURG  
 OFFICE OF THE TOWNSHIP ENGINEER  
 Wastewater Discharge Application Calculation Sheet No. 2

CALCULATION SHEET No. 2.

Procedures for Calculating Average Daily Discharge in Gallons Per Day (GPD)

- All discharge rates shall be calculated based upon the latest revision of N.J.A.C. 7:14A-23.3. Applicable sections as revised to 4/2/12 are repeated here for the applicants benefit.
- Flow for facilities that have combined uses shall be determined by the summation of all appropriate projected flow values for each use.
- The Township recognizes that the table below may not cover all establishments and facilities, and in particular facilities that require an industrial treatment works approval. In the event that a facility is not covered, the applicant shall propose the projected flow based upon operation of similar facilities or best professional judgment. The Township reserves the right to accept, modify or deny the proposed flow value.

Type of Establishment	Measurement Unit	(1) Gallons Per Day	(2) Number of Units, SF, Employee, etc.	Total Column 1 x Column 2
<b>Residential Dwellings (single family home, duplex units, townhouses, condominiums, apartments)</b>				
1 bedroom unit	Per Dwelling	150		
2-bedroom unit	Per Dwelling	225		
3-bedroom unit or larger	Per Dwelling	300		
<b>Transit dwelling units</b>				
Hotels	Bedroom	75		
<b>Lodging houses and tourist homes</b>				
Motels and tourist cabins	Bedroom	60		
Boarding houses (max. permitted occupancy)	Bedroom	50		
<b>Camps</b>				
Campground/mobile rec. vehicle/tent	Site	100		
Parked mobile trailer site	Site	200		
Children's camps	Bed	50		
Labor camps	Bed	40		
Day camps - no meals	Person	15		
<b>Restaurants (including washrooms and turnover)</b>				
Average restaurant	Seat	35		
Bar/cocktail lounges	Seat	20		
Fast food restaurant	Seat	15		
24 hour service restaurant	Seat	50		
Curb service/drive-in restaurant	Car space	50		
<b>Clubs</b>				
Residential	Member	75		
Nonresidential	Member	35		
Racquet club	(per court per hr)	80		
Bathhouse with shower	Person	25		
Bathhouse without shower	Person	10		
<b>Institutions (includes staff)</b>				
Hospitals	Bed	175		
Other institutions	Bed	125		

Type of Establishment	Measurement Unit	(1) Gallons Per Day	(2) Number of Units, SF, Employee, etc.	Total Column 1 x Column 2
<b>Schools (includes staff)</b>				
No shower or cafeteria	Student	10		
With cafeteria	Student	15		
With cafeteria and showers	Student	20		
With cafeteria, showers and labs	Student	25		
Boarding	Student	75		
Automobile service stations	Per filling position	125		
Service bays	Per bay	50		
Mini-market	Sq. Ft.	0.100		
<b>Miscellaneous</b>				
Office buildings (gross area)	Sq. Ft.	0.100		
Factories/warehouses (add process wastewater)	Employee	25		
with showers (add process wastewater)	Employee	40		
Laundromats	Per machine	580		
Bowling alleys	Alley	200		
Picnic Parks (restrooms only)	Person	10		
Picnic Parks with showers	Person	15		
Fairgrounds (based upon average attendance)	Person	5		
Assembly halls	Seat	3		
Airports (based on passenger use)	Passenger	3		
Churches (worship area only)	Seat	3		
Theater (indoor)	Seat	3		
Diner theater	Seat	20		
Catering/banquet hall	Person	20		
Sports stadium	Seat	3		
Visitor Center	Visitor	5		
Total				