



Township of Branchburg

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

TELEPHONE: (908) 526-1300 x139

FAX: (908) 526-7476

www.branchburg.nj.us

OFFICE OF THE ZONING 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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OFFICE OF THE ZONING OFFICER

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

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: _____

For Office Use Only

Date of Review: _____

Approved Denied

Ordinance number: _____

Comments: _____

Thomas Leach, Zoning Officer



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OFFICE OF THE ZONING 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 ZONING 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 ZONING OFFICER
CERTIFICATE OF USE HEALTH SURVEY

- 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 |



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCBURG, NJ 08876-3936
TELEPHONE: (908) 526-1300 EXT. 158 FAX: (908) 526-7479 www.branchburg.nj.us
OFFICE OF THE FIRE OFFICIAL

APPLICATION FOR REGISTRATION OF BUSINESS

(please print or type all information)

Please Provide Us With Your
E-Mail Address For
Our Records

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

this area office use only

Local I.D.#: _____ State I.D.#: _____ Date Registered: _____

Business Name: _____

Street Address: _____

Phone #: _____

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

Street Address: _____

Business Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

Street Address: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Emergency Contacts:

#1: _____ Phone #: _____

#2: _____ Phone #: _____

#3: _____ Phone #: _____

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

APPLICATION FOR REGISTRATION OF BUSINESS

(page 2)

this area office use only

Local ID#: _____ State ID#: _____ Date Registered: _____

Alarm/Suppression System Information:

Describe System: _____

Monitoring Co. Name: _____

Phone #: _____

Description of use/occupancy of this building/business:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name

Signature

Title

Date