

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.

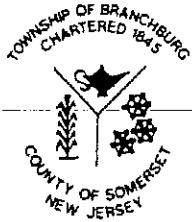
A) The following items must be submitted:

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: _____

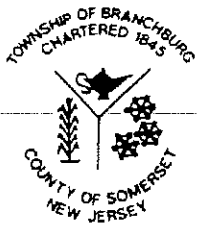
Contact telephone: _____ Contact fax: _____

Building owner: _____

Owner address: _____

Owner telephone: _____ Owner fax: _____

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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 Retail _____ Manufacturing _____
According to Use: 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

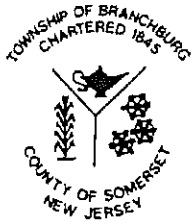
Date of Review: _____

Approved Denied

Ordinance number: _____

Comments: _____

Thomas Leach, Zoning Officer



Township of Branchburg

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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



Police Department Branchburg Township



590 OLD YORK ROAD, BRANCBURG, NJ 08876-3936
 TELEPHONE: (908) 526-3830 FAX: (908) 526-8399 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

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 _____		
					Original: Tax Collector C: Eng/Land Use C: Code Enforcement	



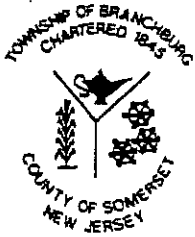
TOWNSHIP OF BRANCHBURG
OFFICE OF THE TOWNSHIP ENGINEER
Wastewater Discharge Application Calculation Sheet No. 2

CALCULATION SHEET NO. 2.

- Procedures for Calculating Average Daily Discharge in Gallons Per Day (GPD)**
1. 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.
 2. Flow for facilities that have combined uses shall be determined by the summation of all appropriate projected flow values for each use.
 3. 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
Residential Dwellings (single family home, duplex units, townhouses, condominiums, apartments)				
1 bedroom unit	Per Dwelling	150		
2-bedroom unit	Per Dwelling	225		
3-bedroom unit or larger	Per Dwelling	300		
Transit dwelling units				
Hotels	Bedroom	75		
Lodging houses and tourist homes				
Motels and tourist cabins	Bedroom	60		
Boarding houses (max. permitted occupancy)	Bedroom	50		
Camps				
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		
Restaurants (including washrooms and turnover)				
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		
Clubs				
Residential	Member	75		
Nonresidential	Member	35		
Racquet club	(per court per hr)	80		
Bathroom with shower	Person	25		
Bathroom without shower	Person	10		
Institutions (includes staff)				
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
Schools (includes staff)				
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		
Miscellaneous				
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				



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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