



Township of Verona Zoning Permit Application For Commercial Properties

Zoning Department
880 Bloomfield Ave
Verona, New Jersey 07044
Phone (973) 857-4772
(973) 857-4773

Is your business moving into a newly constructed or existing nonresidential retail office space?
Are you installing a new sign, or changing location, sign face or message of existing sign?
Are you requesting a temporary sign to advertise a business or event?

Complete Section 1: Change Use/Tenant Existing Building & New Use/Tenant – New Structure
Complete Section 2: Permanent Signs
Complete Section 3: Temporary Signs

Property Information (Location of Project)

Block No: _____ Lot No: _____ Lot Area: _____ Sq.Ft. Zone District: _____

Street Address: _____

Applicant Information

Name: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Contact Information: Phone No. _____ Email: _____

Property Owner Information (If other than Applicant)

Name _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Contact Information: Phone No. _____ Email: _____

Section 1: Change Use/Tenant – Existing Building & New Use/Tenant - New Structure

- Existing Business Name: _____
- Existing Business Use: _____
- New Business Name: _____
- Doing Business As (If different from business name): _____
- New Principal Use for which permit is requested: _____

*This is the primary use the business will conduct. Accessory uses (uses that are subordinate, incidental to or customarily found in connection with the principal use) should not be listed. For example, the **principal use** may be warehousing, shipping, and receiving while the accessory use is an office.*

- Specific nature of business to be conducted (description): _____

If more space is needed, please provide an attachment

- Existing tenant moving locations in the same building?

No

Yes

8. State and/or Local License associated with use?

No Yes, indicate type and license#: _____

9. Is this the same business with a different owner and/or business name?

No Yes, new owner Yes, indicate old name: _____

10. Does the Business require parking? No Yes, how many? _____

11. Outdoor storage proposed?

No Yes, explain: _____

Storing toxic or highly flammable chemicals or gases?

No Yes, explain: _____

Storing gasoline, fuel oils, gases, chemicals or other flammable, corrosive or toxic substances?

No Yes, indicate quantities in total liquid gallons or equivalent: _____

12. Provide a project description: _____

Section 2: Permanent Signs

1. Does your location have a sign manual/plan? No Yes, answer the following:

Name of Development/Project: _____

2. Sign Type:

Wall Mounted

Choose one: New or Alteration of sign face

Freestanding

Choose one: New or Alteration of sign face

3. Total Length and Width and Height of Sign: (Feet)

Length: _____ Width: _____ Height: _____

Total linear feet of store or building frontage where sign will be: _____

4. Will your sign be illuminated? No Yes, check all that apply:

Internal (Dark background & light lettering required) or External

5. Please provide two (2) color images along with the specs of the proposed sign(s) with your application.

Section 3: Temporary Signs

1. Sign type:
 - Business Advertising: Total size of sign: _____ square feet
 - Event: Total size of sign: _____ square feet
 - Political Campaign: Total size of sign: _____ square feet
 - Grand Opening Banner: Total size of sign: _____ square feet

Choose one: Attached to ground or Attached to establishment
2. Total Length and Width and Height of Sign: (Feet)
Length: _____ Width: _____ Height: _____
Total linear feet of store or building frontage where sign will be: _____
3. Dates on which sign(s) will be displayed (if temporary) from _____ to _____
4. Complete for Business Advertising or Event Sign Only
Number of street frontages _____ (example: Corner lots have two street frontages)
5. Please provide one picture or mock-up of the proposed sign(s) with your application. This can be hand drawn and must include dimensions and message that will be displayed.
6. Please provide a site plan or aerial map that indicates where the sign will be placed on the property

For all zoning requests other than additions please provide the following information:

- Copy of Property Survey
- Sketch that shows the location and dimensions (length, width and height) of your project on the survey.
- Indicate the distance to all property lines of your project on the survey.

Projects for amended site plan, building modifications, require a foundation and/or projects that disturb 400 square feet or more of land area shall be required to submit the following to the Township Engineer for review and approval as well as the above.

- 2 copies of property survey
- 2 copies of topographical survey
- 2 copies of grading plot plan, drainage mitigation plan, details and stormwater calculations.
- 2 copies of foundation location
- 2 copies of a "As-Built survey (Signed and sealed by NJ Lic. Land Surveyor)

Signature of Owner – Applicant _____

Date: _____

Zoning Permit No:
20 _____ - _____

For Office Use Only

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason for Denial: _____