

MONROE TOWNSHIP DIVISION OF PLANNING & ZONING

TENANCY REVIEW

FEE: \$100.00 FOR NON-RESIDENTIAL

Check or Money Order Made Payable to: Monroe Township – DUE UPON SUBMISSION

DEPARTMENT: ORIGINAL TO ZONING OFFICER
FIRE PREVENTION CONSTRUCTION DEPT.
HEALTH TAX ASSESSOR'S OFFICE
RECYCLING COORDINATOR MTUD
ENVIRONMENTAL COMMISSION EMERGENCY MANAGEMENT
CLERK'S OFFICE (ONLY Food Handlers)

NOTE: PLEASE PRINT OR TYPE ANSWER TO ALL APPLICABLE QUESTIONS. IF NOT APPLICABLE, WRITE N/A.

COPY OF SITE PLAN/RESOLUTION MUST BE ATTACHED TO THIS DOCUMENT

DATE: _____ APPLICATION #: _____

1. NAME OF TENANT: _____

2. NAME OF APPLICANT: _____

MAILING ADDRESS: _____

APPLICANT E-MAIL: _____

TELEPHONE CONTACT PERSON: _____

3. NAME OF PROPERTY OWNER: _____

ADDRESS: _____

PROPERTY OWNER E-MAIL: _____

4. NAME OF PROPERTY OWNER'S ASSOCIATION: _____
(MUST ATTACH WRITTEN PERMISSION)

5. BLOCK: _____ LOT: _____ ACREAGE: _____

STREET ADDRESS: _____

SQ. FT. OF BUILDING: _____ SQ. FT. OF PROPOSED SPACE: _____

6. EXISTING OR PREVIOUS USE: _____

7. DESCRIPTION OF THE SCOPE AND PURPOSE OF THE ACTIVITY PROPOSED. THE NATURE OF THE OPERATION, IT'S PROCESSES AND ACCESS TO THE PUBLIC INCLUDE A FLOW PLAN. IF APPROPRIATE.

8. DESCRIBE MATERIAL (OTHER THAN HAZARDOUS) TO BE UTILIZED OR STORED ON SITE. SPECIFY QUANTITIES TO BE STORED OR HANDLED OVER DIFFERENT TIME PERIODS. (WEEKLY, MONTHLY, OR YEARLY). DESCRIBE METHOD OF HANDLING THESE MATERIALS.

9. ANTICIPATED NUMBER OF EMPLOYEES (PER SHIFT) AND HOURS OF OPERATION.

10. DESCRIBE TRAFFIC TO BE GENERATED (INCLUDING COMMUTING EMPLOYEES, SHIPPING AND RECEIVING, TYPES OF VEHICLES AND ANTICIPATED TIME PERIODS).

11. PROPOSED WATER USAGE (TYPICAL DOMESTIC OR PROCESS RELATED).

12. TYPE AND QUANTITY OF SOLID OR LIQUID (NON-HAZARDOUS) WASTE TO BE GENERATED AND METHOD OF DISPOSAL. A RECYCLING PLAN MUST BE SUBMITTED IN WRITING TO THE RECYCLING COORDINATOR.

13. SUBMIT AN APPROVED SITE PLAN (AND FLOOR PLAN), INDICATING THE LOCATION OF STRUCTURES, ROAD PARKING AREAS. SPACE TO BE OCCUPIED (WITH RENOVATION, IF NECESSARY) AND EXISTING ADJACENT LAND USES.

14. IDENTIFY ANY HAZARDOUS MATERIAL TO BE PROCESSED, STORED, SOLD OR DISPOSED ON SITE. PROVIDE MSDS. INCLUDE IN DESCRIPTION:
- A. MAXIMUM AMOUNTS ON HAND OF ANY ONE ITEM:
 - B. QUANTITIES TO BE STORED OR DELIVRED TO THE SITE ON A WEEKLY, MONTHLY AND YEARLY BASIS:
 - C. METHOD OF DELIVERY AND STORAGE (TYPES OF CONTAINERS AND LOCATIONS).
 - D. BUILT IN SPILL AND LEAK CONTAINMENT FEATURES:
 - E. BUILT IN FIRE PROTECTION FEATURES:
 - F. EMERGENCY ACTION PLAN FOR FIRE, EXPULSION SPILL OR LEAK:
 - G. DESCRIPTION OF WORST-CASE SCENARIO:
 - H. SPECIAL FIRE FIGHTING OR SPILL CONTAINMENT EQUIPMENT AND TRAINING NEEDED:

15. DESCRIBE ANY POLLUTANTS OR NUISANCES THAT POTENTIALLY ENTER THE ENVIRONMENT AS A RESULT OF THE PROPOSED ACTIVITY, SUCH AS, AIR MISSION, SURFACE OR GROUND WATER DISCHARGES, WASTEWATER EFFLUENT, NOISE OR UNPLEASANT ODORS.

16. DESCRIBE TYPE AND QUANTITY OF BOTH LIQUID AND SOLID HAZARDOUS WASTE. IDENTIFY THE LICENSED WATER HAULER AND UTIMATE DISPOSAL SITE FOR ALL HAZARDOUS WASTES.

- 17. ATTACH MTMUD APPROVAL LETTER/RESOLUTION.
- 18. IDENTIFY THE SIZE AND LOCATION OF SIMILAR OPERATIONS.

_____	_____	_____
TENANT'S NAME & TITLE	TENANT'S SIGNATURE	DATE

_____	_____	_____
OWNER'S NAME & TITLE	OWNER'S SIGNATURE	DATE

APPROVED: _____

DENIED: _____

ZONING OFFICER SIGNATURE: _____ DATE: _____