

Randall W. Teague, Mayor  
Director of the Department of  
Public Works, Parks, and Public Property

Ryan Linhart, Commissioner  
Director of the Department  
of Revenue & Finance

James Mulroy, Commissioner  
Director of Public Safety  
& Department of Public Affairs



where community thrives

Municipal Building  
135 Haddon Avenue  
Haddon Township, N.J. 08108

Tele: (856) 854-1176  
Fax: (856) 854-8773  
Web: www.haddontwp.com

**BUSINESS LICENSE APPLICATION**

NEW       RENEWAL       TEMP/SEASONAL

Date Applied \_\_\_\_\_ License No. \_\_\_\_\_

Fee Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

1. Name of Business \_\_\_\_\_

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

Business Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If person completing the Application is not the Applicant, provide the same information as above for the person completing the application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The name and address of all shareholders, members, partners, directors, officers and registered agent(s) of the Applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any shareholder, member, partner or registered agent is itself a business entity of any kind, the applicant also must provide the name and address of all shareholders, members, partners, directors and registered agents of same:

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

3. Type of Business: \_\_\_\_\_

Description of Proposed Business Activities: \_\_\_\_\_

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

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

Address where business will operate:

Street Address (if different from #1 above): \_\_\_\_\_

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

4. **DATA REQUIRED TO BE PRESENTED WITH APPLICATION**

The following documentation must be supplied with the application or the application will not be processed:

- (a) Valid New Jersey Driver's License with Photograph or other Valid Government-Issued Identification with Photograph.
- (b) Proof of authorization to conduct business within the State of New Jersey (A copy of a valid business registration certificate issued by the New Jersey Division of Revenue.)
- (c) A Zoning Permit approved by the Haddon Township Zoning Officer.

**CERTIFICATION BY APPLICANT:** I do hereby certify that the foregoing information is true to the best of my knowledge. I am aware that if any of the foregoing information is knowingly false or misleading, my business license is subject to suspension and/or revocation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20

**FOR TOWNSHIP USE ONLY:**

**Tax Collector Certification:**

All property taxes due have been paid  
 All Sewer and/or water utilities due have been paid  
 All assessments due have been paid.  
 The following are delinquent: Property Taxes \_\_\_\_\_ Sewer/Water \_\_\_\_\_ Assessments \_\_\_\_\_

\_\_\_\_\_  
**Margaret King Tax Collector** (or Her Designee) DATE

**FIRE MSARSHAL:** \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED DATE: \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
**William Behnke, Fire Marshal** DATE

**CONSTRUCTION CODE OFFICIAL RECOMMENDATION:**

\_\_\_\_\_ Recommend Approval \_\_\_\_\_ Recommend Denial

Reasons for Denial: \_\_\_\_\_

\_\_\_\_\_  
**Ed Toussaint, Construction Official** DATE

**CHIEF OF POLICE RECOMMENDATION:**

\_\_\_\_\_ Recommend Approval \_\_\_\_\_ Recommend Denial

Reasons for Denial \_\_\_\_\_

\_\_\_\_\_  
**Mark Cavallo, Chief** DATE

**BUSINESS IMPROVEMENT DISTRICT RECOMMENDATION:**

subject Property is in the East B.I.D. /Central B.I.D.  Subject Property is Not in either B.I.D.  
\_\_\_\_\_ Recommend Approval \_\_\_\_\_ Recommend Denial

Reason for Denial \_\_\_\_\_

\_\_\_\_\_  
**Kate Burns B.I.D. Director** DATE

Randall W. Teague, Mayor  
Director of the Department of  
Public Works, Parks, and Public Property

Ryan Linhart, Commissioner  
Director of the Department  
of Revenue & Finance

James Mulroy, Commissioner  
Director of Public Safety  
& Department of Public Affairs



Municipal Building  
135 Haddon Avenue  
Haddon Township, N.J. 08108

Tele: (856) 854-1176  
Fax: (856) 854-8773  
Web: www.haddontwp.com

where community thrives

## ZONING PERMIT APPLICATION

**PLEASE NOTE:** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL  
REQUIRED INFORMATION IS SUPPLIED. IF APPROVED BELOW, THIS DOCUMENT  
ALSO SERVES AS THE ZONING PERMIT.

1. Property Information

Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District: \_\_\_\_\_ Is this a corner lot? Yes \_\_\_\_\_ No \_\_\_\_\_

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

2. Applicant/Owner Information

Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Property Owner Name (if different from above): \_\_\_\_\_

Property Owner Address (if different from above): \_\_\_\_\_

Applicant/Owner Telephone No.: \_\_\_\_\_ Cellular Phone No.: \_\_\_\_\_

3. Contractor Information

Contractor Name: \_\_\_\_\_ Contractor Address: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Contractor Main Telephone No.: \_\_\_\_\_

3. Nature of Work

Requested Use/Proposed Work (include dimensions of any proposed structure(s)):

\_\_\_\_\_

Submitted by Applicant: Survey (11"x17" Minimum): \_\_\_\_\_ Grading Plan: \_\_\_\_\_

Proposed Setbacks: Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side Yard (Right): \_\_\_\_\_ Side Yard (Left): \_\_\_\_\_

Fences: Proposed Height \_\_\_\_\_ Does the fence enclose a pool? Yes \_\_\_\_\_ No \_\_\_\_\_

Outside Agency Approvals (attach copies):

\_\_\_\_\_ Haddon Township Planning/Zoning Board

\_\_\_\_\_ NJDEP

\_\_\_\_\_ Camden County Planning Board

\_\_\_\_\_ NJDOT

Authorization:

(Circle One Please): I am the Property Owner / Contractor/ Tenant / Other (specify \_\_\_\_\_) making this application. I certify that the owner of record has authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

nature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR TOWNSHIP USE ONLY:**

Date Received: \_\_\_\_\_ Complete \_\_\_\_\_ \*Incomplete: \_\_\_\_\_ Date Deemed Complete: \_\_\_\_\_

\*Reason Incomplete: \_\_\_\_\_

Fee Paid/Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ Processed By: \_\_\_\_\_

**TO BE COMPLETED BY TAX COLLECTOR:**

\_\_\_\_\_ All property taxes due have been paid.

\_\_\_\_\_ All sewer and/or water utilities due have been paid.

\_\_\_\_\_ All assessments due have been paid.

\_\_\_\_\_ The following are delinquent: Property Taxes \_\_\_\_\_ Sewer/Water \_\_\_\_\_ Assessments \_\_\_\_\_

**APPLICATION APPROVED:**

This application has been examined and found to be **IN COMPLIANCE** with the Zoning Requirements of the Haddon Township Code and is hereby **APPROVED**. Zoning Permit #: \_\_\_\_\_

\_\_\_\_\_  
LEE PALO, ZONING OFFICER Date: \_\_\_\_\_

**APPLICATION DENIED:**

This application has been examined and is **DENIED** for **NON-COMPLIANCE** with the following Zoning Requirements of the Haddon Township Code:

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

\_\_\_\_\_  
LEE PALO, ZONING OFFICER Date: \_\_\_\_\_



# APPLICATION FOR CERTIFICATE

\$151.00

Date Received  
Date Permit Issued  
Control #  
Permit #  
Date Issued

## IDENTIFICATION

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

Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ License No. \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

## ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP \_\_\_\_\_ Previous \_\_\_\_\_ Current \_\_\_\_\_

FINAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

## DESCRIPTION OF WORK/USE:

8

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: \_\_\_\_\_  
OWNER/AGENT

- OWNER
- AGENT



# Haddon Township, NJ

## Office of the Fire Marshal

Bureau of Fire Prevention  
10 Reeve Avenue  
Haddon Township, NJ 08108  
Office: 856.854.1176 Ext. #6269/6276  
Fax: 856.854.8773



### BUSINESS REGISTRATION INFORMATION:

Registration No. # \_\_\_\_\_ **FM OFFICE USE ONLY**

PLEASE COMPLETE CLEARLY:

### BUSINESS/PROPERTY INFORMATION:

1. NAME of BUSINESS \_\_\_\_\_
2. COMPLETE ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_
3. BUSINESS TELEPHONE # \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUSINESS OWNER INFORMATION:

1. OWNER of BUSINESS \_\_\_\_\_
2. BUSINESS OWNER ADDRESS \_\_\_\_\_ TOWN: \_\_\_\_\_
3. TELEPHONE # \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUILDING/PROPERTY OWNER INFORMATION:

1. PROPERTY OWNER \_\_\_\_\_
2. ADDRESS OF PROPERTY OWNER \_\_\_\_\_ TOWN: \_\_\_\_\_
3. TELEPHONE # \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### DESCRIPTION/TYPE OF BUSINESS:

TOTAL SQUARE FOOTAGE OF PROPERTY (BASEMENT, 1<sup>ST</sup> FLR., 2<sup>ND</sup> FLR., ETC...)

( \_\_\_\_\_ )

### EMERGENCY CONTACTS AND/OR KEY HOLDERS:

1. NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_
2. NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_
3. NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE of the FIRE MARSHAL

WESTMONT FIRE COMPANY  
120 Westmont Avenue  
Westmont, N.J. 08108  
856-854-1444

---

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_

Please list three (3) employees and their phone numbers who we may call if we need to contact someone after hours regarding your business:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

PLEASE REMEMBER TO NOTIFY US IN THE EVENT THAT ANY OF THE PROVIDED NAMES OR PHONE NUMBERS CHANGE.

Thank you for your cooperation.





# Department of Public Safety

## Township of Haddon



MUNICIPAL BUILDING

135 HADDON AVENUE

HADDON TOWNSHIP, N.J. 08108-2788

Tel: (856) 854-1176 Ext 4138

Fax (856) 854-4532

E-mail: chief@haddontwppolice.com

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

Business Name: \_\_\_\_\_

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

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Owner/Landlord: \_\_\_\_\_

Owner/ Landlord  
Phone: \_\_\_\_\_

Please list three (3) employees and their phone numbers who we may call if we need to contact someone after hours regarding your business.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please remember to notify us in the event that any of the provided names or phone numbers change.  
Thank you for your cooperation!