City of Bayonne

DEPARTMENT OF MUNICIPAL SERVICES
DIVISION OF PLANNING & ZONING
MUNICIPAL BUILDING
630 AVENUE C
BAYONNE, NJ 07002
TELEPHONE: 201-858-6110 Fax: 201-858-6185
E-MAIL: ALosonczy@BAYNJ.org

Zoning Permit Information for Change of Use/Use

- Fill out the attached zoning permit application after you have read through the ordinance requirements.
- Two copies of a letter on letterhead to the Zoning Officer describing the proposed use of the property are required with your submission. The letter must be signed, dated & include the property address, hours of operation, number of employees and number of seats.
- Two copies of a floor plan drawing showing how the space will be allocated must be included.
- Completed application and requested information should be submitted to Room #18A.
- A fee of $100 in the form of cash, money order or check (payable to the City of Bayonne) is due when you pick up the permit from Room #18A.

Listed below are some of the other City departments you may need to contact:

Bayonne Fire Department (Fire Prevention Registration):
201-858-6017

Health Department (if any food or drink will be on site):
201-858-6100

UEZ Office (Urban Enterprise Zone) may also have some benefits for your business. Please contact Dee Dee Bottino at 201-858-6357

Mayor's Office (to schedule a ribbon cutting ceremony):
201-858-6010

Wishing you much luck and success in your endeavors!

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The Peninsula Of Business And Technology

JAMES M. DAVIS
MAYOR

Zoning Permit Application

Date Received: _____

Date Issued: _____

Application #: _____

Permit #: _____

Board App #: _____

Property Information
Property Address: _____ Block: _____ Lot: _____ Zone District: _____

Applicant's Information
Business Name: _____ Phone #: _____
Person to Contact: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Property Owner's Information [ ] Check here if owner is the applicant. If not, complete this section.
Name: _____ Phone #: _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip Code: _____

Current or Last Use of Property
[ ] Single Family [ ] Two Family [ ] Multi Family (# of units _____) [ ] Townhouse/Condo
[ ] Commercial (Specify type of business): _____ [ ] Vacant Land
[ ] Industrial (Specify type of business): _____
[ ] Other (describe): _____

Proposed Use of Property
[ ] Single Family [ ] Two Family [ ] Multi Family (# of units _____) [ ] Townhouse/Condo
[ ] Commercial (Specify type of business): _____ [ ] Vacant Land
[ ] Industrial (Specify type of business): _____
[ ] Other (describe): _____

Type of Zoning Permit Requested
[ ] New Construction [ ] Alteration/Addition [ ] Demolition [ ] Off-Street Parking
[ ] In-Ground Pool/Spa [ ] Above-Ground Pool/Spa [ ] Deck/Porch [ ] Sign
[ ] Accessory Structure (Shed, Detached Garage, Gazebo, etc.) [ ] Fence – Height: _____
[ ] Certification of Nonconforming Use/Structure [ ] Temporary Use/Sign
[ ] Use or Change of Use
[ ] Other (describe): _____

Detailed Description of Proposed Work or Use (attach additional sheets when necessary)
For proposed Use or Change of Use please provide a letter describing the principal use and any accessory use as well as a floor plan drawing indicating how the space would be allocated (PLEASE PRINT).

_____

_____

_____

_____

_____

1. This application must be accompanied by sufficient information for the Zoning Officer to render a decision, including but not limited to the following:

   (1) two true, accurate and complete copies of a current property survey (except when applying for a CCO) showing the proposed location of the work, drawn to scale;

   (2) plot plans with lot lines, all existing and proposed buildings, alterations and/or additions with appropriate dimensions and elevations;

   (3) dimensioned drawings of all proposed signs, accessory structures, and/or site changes if applicable; and

   (4) where there is an easement or any other type of shared property rights, a complete copy of the filed deed on record with the Hudson County Register's Office, together with all exhibits to the deed that clearly reflect any and all easements or restrictions affecting the property.

2. If there is any easement or restriction on your property and that easement or restriction is affected in any way by the proposed work, you must provide with this permit application the written and notarized authorization to perform the proposed work by the property owner(s) who are in any way affected by the easement or restriction.

By signing this application, I am certifying under penalties of perjury that the above-stated information and any documents submitted in support of this application are true, complete and accurate; that the survey (if applicable) submitted with this application is a true representation of the property with the exception of any proposed work as part of this application; and that the copy of the filed deed that is submitted in support of this application is a true, accurate and complete copy of the deed that is recorded in the Hudson County Clerk's Office and includes any and all information regarding any easements or restrictions affecting my property.

_____ _____
Signature of Applicant Date

_____
Printed Name of Applicant