

Stephen J. Murray
Zoning Administrative Officer
Elaine D. Powell
Assistant Zoning Officer
Krista Collins
Office Secretary



www.voorheesnj.com

DAILY OFFICE HOURS
8:00 A.M. TO 5:00 P.M.
Office: 856-429-0647
Fax: 856-795-2335
2400 Voorhees Town Center
Voorhees, NJ 08043

TENANT LEASING PROCEDURES NON-RESIDENTIAL ORDINANCE 156.37 C.7.

OWNER REQUIREMENTS:

A letter shall be submitted to the zoning office from the owner of the property indicating the following:

1. The name of the new tenant, their present address, present phone number;
2. The description of the complete proposed use (retail, service, office, warehouse, sign, etc.);
3. The unit number or address;
4. The gross floor area and if a mixed use, the floor area for each individual use (business, office, warehouse);
5. Indicate any alterations or construction changes which are proposed for the unit and who is responsible for securing the required permits, owner or tenant. (renovations, new construction, walls, electric, plumbing, new sign panels, etc.)

TENANT REQUIREMENTS:

A tenant shall complete and submit an application for a Zoning Permit which shall also include a request for a final Certificate of Conformance. The Application and required \$60.00 fee must be submitted to the Zoning Office for review and approval. **PLEASE DESCRIBE THE PROPOSED USE IN DETAIL. DO NOT FORGET TO ADDRESS ANY PROPOSED SIGNAGE; A SEPARATE SIGN PERMIT IS REQUIRED. THE LOCATION AND SIZE OF SIGNAGE HAS USUALLY BEEN APPROVED AT THE TIME OF SITE PLAN APPROVAL.**

THE USE OR ANY NEW CONSTRUCTION MAY NOT COMMENCE WITHOUT ALL NECESSARY PERMITS BEING ISSUED.

If the building has been constructed as a "shell" and the interior has not been completed, then a complete construction application must be submitted to the construction office for the tenant fit-out. For construction permit information, please call the construction office directly at (856) 429-7759.



REALTY MANAGEMENT, INC.

AVENUE / CHERRY HILL, NEW JERSEY 08002 / (856) [REDACTED] / FAX (856) [REDACTED]

[REDACTED] (Date) [REDACTED]

Mr. Stephen Murray
Zoning Officer
Township of Voorhees
620 Berlin Road
Voorhees, NJ 08043

RE: SUITE [REDACTED] (Shopping Ctr./Development)
[REDACTED] Address
VOORHEES, NJ 08043

Dear Mr. Murray:

Please be advised that [REDACTED] (proposed tenant)
[REDACTED] will be occupying the above premises. They are presently located at [REDACTED]
[REDACTED], Suite [REDACTED] Voorhees, NJ and their telephone number is (856) [REDACTED]. The above
premises contains 2,792 square feet and will continue to be used as office space for a psychiatrist's
office.

As the owner, we will be securing permits for the following renovation to accommodate the tenant's
occupancy:

1. Demolition of an existing wall to expand an inner office as a business office.
2. Provide an opening in existing demising wall and create a hallway.
3. Electrical work to accommodate new floorplan.
4. Plumbing work to add two new sinks in the rental space.

Other than the above mentioned accommodations, there will be no changes to the floorplan of the
captioned premises.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me.

Very truly yours,
[REDACTED]
Vice President

ZONING ADMINISTRATION

Stephen J. Murray
Zoning Administrative Officer
Elaine D. Powell
Assistant Zoning Officer
Krista Collins
Secretary



www.voorheesnj.com

DAILY OFFICE HOURS
8:00 A.M. TO 5:00 P.M.
Office: 856-429-0647
Fax: 856-795-2335
2400 Voorhees Town Center
Voorhees, NJ 08043

APPLICATION FOR ZONING PERMIT

DATE _____
OWNER _____
ADDRESS _____ BLOCK _____ LOT (S) _____
PHONE NUMBER (____) _____
TENANT _____ CONTRACTOR _____
ADDRESS _____ ADDRESS _____
PHONE NUMBER (____) _____ PHONE NUMBER (____) _____
FAX NUMBER (____) _____ FAX NUMBER (____) _____
EMAIL WHERE PERMIT/CERTIFICATE TO BE SENT: _____

NAME OF DEVELOPMENT _____
DO YOU HAVE AN ASSOCIATION THAT REQUIRES EXTERIOR APPROVAL – YES or NO
(IF YES, WE NEED A COPY OF THEIR APPROVAL LETTER)
EXISTING USE _____
PROPOSED USE/STRUCTURE (PLEASE DESCRIBE IN DETAIL)

FLOOR AREA _____ SF STRUCTURE/FENCE HEIGHT _____ FT
PROPOSED SETBACKS FROM PROPERTY LINES:
FRONT _____ FRONT _____ SIDE _____ SIDE _____ REAR _____
REVERSE FRONT SETBACK _____ LAKE SETBACK _____

GARAGE: FRONT ENTRANCE _____ FT SIDE ENTRANCE _____ FT
GARAGE: NUMBER OF CARS _____ SQUARE FOOTAGE (GARAGE) _____
OFF STREET PARKING SPACES _____ LOT COVERAGE _____ SF
INTERIOR LOT _____ CORNER LOT _____ LOT AREA _____ SF
PAVING: DRIVEWAY/PATIO/WALKWAY _____ SF
DECK _____ SF PORCH _____ SF
LANDSCAPING REQUIRED FOR FENCING APPROVAL – YES or NO
OTHER _____
CCMUA APPROVAL: DATE _____
BOARD OF HEALTH APPROVAL: DATE: _____
D.E.P. WETLAND APPROVAL REQUIRED YES NO

ACTION REQUIRED:
PLANNING BOARD _____
ZONING BOARD _____ X _____
SIGNATURE OF APPLICANT _____

ZONING OFFICE USE ONLY:	Amount paid _____
APPROVED _____	Date paid _____
ARTICLE _____ SECTION _____	Cash/Check# _____
DENIED _____	Initial _____

REQUIRED FEES:
 \$60.00 ZONING PERMIT/CERTIFICATE OF CONFORMANCE

NOTE: CHECK WITH THE CONSTRUCTION DEPARTMENT FOR THE PROCEDURES FOR THE ISSUANCE OF CONSTRUCTION PERMITS.

ZONING ADMINISTRATION

VOORHEES TOWNSHIP
TAX AND ASSESSMENT PAYMENT REPORT

DATE _____

SECTION I (to be completed by applicant)

I _____ of _____
NAME ADDRESS

am making an application for: (check type of application)

_____ License _____ New _____ Renewal
(type)

PLANNING BOARD/ZONING BOARD OF ADJUSTMENT

- | | |
|---|-----------------------------|
| _____ Conceptual Subdivision or Site Plan | _____ Site Plan Waiver |
| _____ Minor Subdivision | _____ Minor Site Plan |
| _____ Preliminary Subdivision | _____ Preliminary Site Plan |
| _____ Final Subdivision | _____ Final Site Plan |
| _____ Temporary Use Permit (Zoning) | _____ Variance(s) |
| _____ Appeal (Zoning) | _____ Use Variance (Zoning) |
| _____ Interpretation (Zoning) | |

Zoning Department

_____ Zoning Permit _____ Certificate of Conformance

Block(s) _____ Lot(s) _____ Qual. _____

Located at: _____
(street)

Owner of Record: _____

I request the Tax Collector to determine whether there are any delinquent taxes and/or assessments due.

DATE: _____

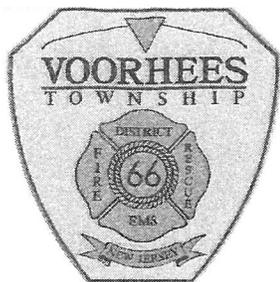
Applicant's signature

.....
(Take this portion over to the Tax Collector so to verify paid taxes)

SECTION II

- I find that: () All taxes due have been paid.
 () All assessments due have been paid.
 () The following are delinquent and past due.

Tax Collector



FIRE DEPT USE ONLY

REG ID #: _____

DATE REG: _____

VOORHEES FIRE DISTRICT
FIRE SAFETY REGISTRATION FORM / C.O. APPLICATION

PLEASE COMPLETE THIS FORM IN DETAIL AND RETURN TO VOORHEES FIRE DISTRICT WITHIN THIRTY (30) DAYS

2002 BURNT MILL RD, VOORHEES, N.J. 08043 kwfireprevention@hotmail.com

ATTENTION: KAREN WALTON, (856)627-9494 X 7503

A. BUSINESS INFORMATION:

1. BUSINESS NAME: _____

2. ADDRESS OF PROPERTY: _____

3. CITY/STATE/ZIP CODE: _____

4. BLOCK NO.: _____ LOT NO.: _____

5. BUSINESS/PREMISES PHONE: (____) _____

6. MANAGER NAME/HOME PHONE #: _____ (____) _____

7. DESCRIPTION OF PRIMARY USE/OCCUPANCY: _____

ADDITIONAL USES: _____

8. NUMBER OF EMPLOYEES: _____ OCCUPANCY LOAD: _____

9. DAYCARE/NUMBER OF CHILDREN: _____ HOSPITAL/NUMBER OF BEDS: _____

10. NUMBER OF STORIES: _____ BUSINESS SQUARE FOOTAGE: _____

11. TYPE OF CONSTRUCTION: _____

12. NUMBER OF EXITS: _____ EXITS PER FLOOR: _____

13. LIST ALL TYPE OF FIRE SUPPRESSION SYSTEMS THAT ARE PRESENT: _____

14. FIRE ALARM COMPANY NAME/PHONE: _____ (____) _____

PLEASE COMPLETE NEXT PAGE

FIRE SAFETY REGISTRATION FORM / C.O. APPLICATION (CONT'D)

PAGE 2

B. BUSINESS OWNER INFORMATION

1. BUSINESS OWNER NAME/PHONE: _____ () _____
2. BUSINESS OWNER ADDRESS: _____
3. CITY/STATE/ZIP CODE: _____

C. BUILDING OWNER INFORMATION

1. BUILDING OWNER NAME/PHONE: _____ () _____
2. BUILDING OWNER ADDRESS: _____
3. CITY/STATE/ZIP CODE: _____

D. EMERGENCY CONTACT INFORMATION

1. NAME: _____ PHONE: () _____
2. NAME: _____ PHONE: () _____
3. NAME: _____ PHONE: () _____

E. OWNER OR AGENT COMPLETING THIS FORM: I certify that all statements made by me on this registration application are true.

Sign Name *Print Name*

Title *Date*

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

LOCAL ENFORCING AGENCY:

Signature of Inspector *Station Number* *Date*



OFFICE OF ECONOMIC DEVELOPMENT

A. BUSINESS INFORMATION: DATE: _____

1) BUSINESS NAME: _____

2) ADDRESS OF PROPERTY: _____

3) LOT # _____ BLOCK # _____

4) SHOPPING CENTER NAME (IF APPLICABLE): _____

5) TYPE OF BUSINESS/ DESCRIPTION: _____

6) BUSINESS PHONE: _____ FAX NUMBER: _____

7) NUMBER OF ANTICIPATED EMPLOYEES (JOBS CREATED): _____

8) CONTACT PERSON AND PHONE NUMBER: _____

9) EMAIL ADDRESS: _____

B. BUSINESS OWNER INFORMATION:

1) BUSINESS OWNER NAME/ HOME PHONE: _____

2) BUSINESS OWNER HOME ADDRESS: _____

3) CITY/STATE/ZIP CODE: _____

C. OWNER OR AGENT COMPLETING THIS FORM:

PRINT NAME

SIGN NAME

** For Zoning Dept. use only: Business Owner Transfer _____ Real Estate transfer only _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY