



NON-RESIDENTIAL CHANGE OF TENANT APPLICATION & PROCEDURES

OWNER REQUIREMENTS:

An **original signed letter** from property owner indicating the following:

1. The name of the business (tenant) to occupy the suite, their current address and phone number;
2. A **detailed** description of the proposed use (i.e. retail sales of hats, professional dental office, warehousing of computer parts). Please note that “retail” is an insufficient description;
3. The unit number that the tenant is to occupy (if applicable);
4. The gross floor area and, if mixed use, the floor area for each individual use (i.e. 3,400 SF of administrative office, 2,400 SF of retail, 500 SF of warehouse);
5. A statement of whether a tenant fit-out (interior renovations) are to be completed for the new tenant, as well as who is responsible (owner or tenant) for obtaining the required construction permits.
6. Contact information for the individual who wrote the letter.

Note: A sample letter has been included as page 2 of this packet.

TENANT REQUIREMENTS

The following items are required to be submitted:

1. Tenant shall complete and submit the Non-Residential Change of Occupancy Application with the required \$60 application fee and letter from the landlord (described above). In the “**REQUIRED:** Proposed use/structure/ improvement (please describe in detail)” section of the application form, a **detailed** description of the proposed use (i.e. retail sales of hats, professional dental office, warehousing of computer parts) must be included. Please note that “retail” is an insufficient description.
2. A copy of any and all required licenses and approvals including, but not limited to, Mercantile License from the Township Clerk’s Office and Retail Food Inspection Approval from the Camden County Department of Health & Human Services.
3. A **Sign Permit Application** is required for any exterior/outward-facing signage **prior to installation**. The location and size of signage has typically been approved at the time of site plan approval.

THE USE AND/OR ANY CONSTRUCTION WORK (TENANT FIT-OUT) MAY NOT COMMENCE PRIOR TO THE ISSUANCE OF ALL NECESSARY ZONING AND CONSTRUCTION PERMITS.

For Construction Permit information, please contact the Construction Office directly at (856) 429-7759.

SAMPLE LANDLORD LETTER



January 1, 2019

Ms. Jaclyn Bradley, Zoning Officer
Township of Voorhees
2400 Voorhees town Center
Voorhees, NJ 08043

RE: Suite # 000, Voorhees Shopping Center Name

Dear Ms. Bradley:

Please be advised that **Business Name** intends to occupy the above premises. They are presently located at Suite # , **Street Address, Municipality, NJ 08043** and their phone number is **(856)429-0647**. The above premises contains **2,792** square feet, and will continue to be used as **professional medical office**. The proposed tenant will be submitting the required Construction Permit application(s) for the tenant fit-out work that is to be completed. There will be no change to the floor plan.

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

Sincerely,

Property Owner

Property Owner Name, Title

propertyowner@gmail.com

(856) 429-0647



NON-RESIDENTIAL CHANGE OF OCCUPANCY APPLICATION

\$60 Permit Application Fee, Due Upon Submission
(\$20 Resubmission Fee, Due Upon Resubmission)

Property Information

Address of Business:		Voorhees, NJ 08043
Block:	Lot:	Qualifier:
Name of Shopping Center:		Square Footage of Unit/Building:
Is a Tenant Fit-out to be Completed?		Yes or No (circle one)
Name of Contractor to Complete Tenant Fit-out:		
Fire Safety Use Group (circle all that apply)	A B E F H I M R S U	1 2 3 4 5

Business Information

Business Name:	
Business Phone:	Number of Anticipated Employees:
Expected Business Opening Date:	
Description of Business (to expedite processing, please describe in detail):	

Contact Information

Name of Business Contact Person:	
Contact Phone:	Contact Email:

Business Owner Information

Name of Business Owner:	
Owner Phone:	Owner Email:
Owner Home Street Address:	
Owner Home City, State Zip:	

Name of Owner/Agent Completing This Form Signature

ZONING OFFICE USE ONLY		
Date Paid:	Cash/Check #:	Collected by:
<input type="checkbox"/> Property taxes are current	<input type="checkbox"/> Property taxes are not current	

Signature of Tax Collector



SIGN PERMIT APPLICATION

\$60 Permit Application Fee, Due Upon Submission
 (\$20 Resubmission Fee, Due Upon Resubmission)

Property Address (where sign is to be installed):

Block:	Lot:	Qualifier:
Property Owner Name:	Property Owner Phone:	
Property Owner Email:		
Tenant (Business) Name:	Contractor Name:	
Tenant Phone:	Contractor Phone:	
Tenant Email:	Contractor Email:	

REQUIRED: Email where approval is to be sent:

REQUIRED: Proposed signage requested:

For A Proposed Building (Façade) Sign

Sign Area (in square feet):	Total Façade Area (in square feet):
Sign Height (in feet):	Sign Width (in feet):

For A Proposed Freestanding Sign

Sign Area (in square feet):	Height of Structure (in feet):
Front Setback from ROW (in feet):	Side/Secondary Front Setback (in feet):

 Signature of Applicant

REQUIRED: Two copies of a rendering of the proposed signage must be submitted for all signage types. Freestanding sign permit applications must also include a **to-scale location plan** (on a property survey or site plan that shows the location of the right-of-way) indicating precisely where the sign is to be installed and what the proposed setbacks from the right-of-way and nearest side property line are (which should match setbacks above).

Note: Check with Construction Department for Construction Permit application requirements and procedures.

ZONING OFFICE USE ONLY			
Date Paid:	Cash/Check #:	Collected by:	
APPROVED or DENIED	Date of Action:	Article: XV	Section:
<input type="checkbox"/> Property taxes are current	<input type="checkbox"/> Property taxes are not current		

 Signature of Tax Collector



FIRE DEPT USE ONLY	
REG ID:	_____
DATE REG:	_____

VOORHEES TOWNSHIP FIRE DEPARTMENT
FIRE SAFETY REGISTRATION FORM / C.O. APPLICATION

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

EMAIL: KAREN.WALTON@VTFD66.ORG

PHONE: KAREN WALTON, (856) 783-6630 x 7503

A. BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS OF PROPERTY: _____

CITY/STATE/ZIP CODE: _____

EMAIL ADDRESS: _____ **BUSINESS PHONE:()** _____

MANAGER NAME/ PHONE#: _____ () _____
 (PLEASE INDICATE CELL/WORK NUMBER)

DESCRIPTION OF PRIMARY USE/OCCUPANCY: _____

ADDRESS FOR BILLS/INVOICES: BUSINESS OWNER BUILDING OWNER (CIRCLE ONE)

NUMBER OF EMPLOYEES: _____ **OCCUPANCY LOAD:** _____ **BUS SQ. FT.:** _____

DAYCARE/NUMBER OF CHILDREN: _____ **AGES OF CHILDREN:** _____

NUMBER OF EXITS: _____ **EXITS PER FLOOR:** _____

B. FIRE SUPPRESSION SYSTEMS

FIRE ALARM CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

SPRINKLER CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

GENERATOR CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

ELEVATOR CO NAME/PHONE: _____ () _____ **LAST INSP:** _____

KNOX BOX: _____ **LOCATION:** _____

PLEASE COMPLETE NEXT PAGE

B. BUSINESS OWNER INFORMATION(PLEASE INDICATE CELL/HOME/WORK NUMBER)

BUSINESS OWNER NAME/PHONE: _____ (_____) _____

BUSINESS OWNER ADDRESS: _____

CITY/STATE/ZIP CODE: _____

C. BUILDING OWNER INFORMATION

BUILDING OWNER NAME/PHONE: _____ (_____) _____

BUILDING OWNER ADDRESS: _____

CITY/STATE/ZIP CODE: _____

D. EMERGENCY CONTACT INFORMATION(THIS IS FOR AFTER HOUR EMERGENCIES)INDICATE TYPE (CELL/HOME/BUSINESS)

1. **NAME:** _____ **PHONE:** (_____) _____

2. **NAME:** _____ **PHONE:** (_____) _____

3. **NAME:** _____ **PHONE:**(_____) _____

PLEASE INFORM FIRE DISTRICT IF YOU CHANGE YOUR EMERGENCY CONTACT INFORMATION. PLEASE SEND CHANGES TO KAREN.WALTON@VTFD66.ORG

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*