



NON-RESIDENTIAL CHANGE OF TENANT APPLICATION & PROCEDURES

OWNER REQUIREMENTS:

The following items are required to be submitted:

1. An **original signed letter** from property owner indicating the following:
 - a. The name of the business (tenant) to occupy the suite, their current address and phone number;
 - b. 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;
 - c. The unit number that the tenant is to occupy (if applicable);
 - d. 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);
 - e. 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.
 - f. Contact information for the individual who wrote the letter.
 - g. The letter must be submitted with the Non-Residential Change of Tenant Application and \$60 fee.

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

TENANT REQUIREMENTS

The following items are required to be submitted:

1. A completed Non-Residential Change of Tenant Application;
 - a. In the “**REQUIRED**: Proposed use/structure/ improvement (please describe in detail)” section of the application, a **detailed and specific description of the proposed use** (i.e. retail sales of hats, professional dental office, computer parts warehousing) must be included. **Unclear descriptions will result in a denial.**
2. Payment of \$60 Non-Residential Change of Tenant Application.
3. Landlord letter (described above).

Note: All 3 of the items listed above MUST be submitted simultaneously.

4. A **Sign Permit Application** is required for any exterior/outward-facing signage **prior to installation**. The fee for this application is \$60, and the fee must be submitted at the time of application. If no exterior signage is to be installed, than a Sign Permit Application is not required.

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

voorhees
property owner

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 **Signature must be an original, not typed on a computer**

Property Owner Name, Title

propertyowner@gmail.com

(856) 429-0647



NON-RESIDENTIAL CHANGE OF TENANT 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

Voorhees Township Fire Department

Headquarters

2002 S. Burnt Mill Road
Voorhees, NJ 08043
(856) 783-6630
Fax: (856) 627-7661



www.vtfd66.org

Cooper Road Station

423 Cooper Road
Voorhees, NJ 08043
(856) 783-6630
Fax: (856) 783-0190

Dear Business Owner:

The Voorhees Township Fire Department is providing this letter for you to obtain any open invoices for the property you are looking to occupy. Per code any open invoices will be the responsibility of the tenant/occupant or building/landowner if not paid. We want to assist you in getting these amounts paid prior to your occupancy. **This form should not be utilized for obtaining information on a business. You will be required to complete an OPRA request through Voorhees Township.**

Please provide the following information to obtain any open invoices/inspection violations. After receipt we will email you any information about this location. Indicate on the form when you plan on taking occupancy,

INFORMATION ON PRIOR BUSINESS

Name of Business: _____

Address: _____

Suite # if applicable: _____

Contact person name & cell#: _____

Any open
invoices/violations: _____

INFORMATION ON NEW BUSINESS

New Business

Name: _____

Contact
name/cell _____

Email#: _____

Occupancy
Date: _____

After information is received, you will need to have any outstanding amount(s) paid prior to occupancy. When submitting payment include the survey/bill# and name of business. We only accept checks or cash.

If you have any questions, please contact me at 856-783-6630 X7503. You can also email this form to helpdesk@vtfd66.org.

Thank you.

Michael J. Wharton
Fire Official/Deputy Chief

MJW/kw



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: REGISTRATIONS@VTFD66.ORG

PHONE: (856) 783-6630 x 4049

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 REGISTRATIONS@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

VOORHEES TOWNSHIP MERCANTILE LICENSE APPLICATION
VOORHEES TOWNSHIP CLERK
2400 VOORHEES TOWN CENTER
VOORHEES, NJ 08043
(856) 429-7757

The State of New Jersey has passed a law requiring all businesses to provide a copy of their liability insurance for negligent acts and omissions in the amount of no less than \$500,000.00 and to provide a copy of said insurance to the municipality in which they operate their business. This insurance certificate must be provided with your renewal payment.

NAME OF BUSINESS: _____

SITE ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS OWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS: _____
(Restaurant, retail, bakery, service, etc.)

OWNER EMAIL ADDRESS: _____

STORE/BUSINESS MANAGER

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____

EMAIL ADDRESS: _____

FEE FOR ALL LICENSES IS \$60.00 PER YEAR

A LATE FEE OF \$30.00 WILL BE CHARGED TO ALL BUSINESSES (EXCEPT FOR NEW BUSINESSES) THAT FAIL TO LICENSE BY MARCH 1st OF EACH YEAR.

All businesses must comply with any and all Planning/Zoning/Construction requirements prior to receiving a mercantile license and opening your business. You can call 856-429-0647 or visit <https://voorheesn.j.com/departments/zoning/> for additional information and required forms.