

Fee: \_\_\_\_\_ \$35.00

Borough of Califon  
Change of Use/Occupancy Permit Application

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Location for which permit desired: Block \_\_\_\_\_ Lot \_\_\_\_\_

Zone: R-1 \_\_\_\_\_ Multi-Family \_\_\_\_\_

R-2 \_\_\_\_\_ General Business \_\_\_\_\_

R-3 \_\_\_\_\_ Highway Business \_\_\_\_\_

Flood Plain (1 acre) \_\_\_\_\_

Historic Preservation District \_\_\_\_\_

Other \_\_\_\_\_

Required Lot Size \_\_\_\_\_ Lot Size Provided \_\_\_\_\_

Previous Use \_\_\_\_\_

Gross floor area \_\_\_\_\_

Parking spaces required \_\_\_\_\_

Loading spaces required \_\_\_\_\_

Number of employees \_\_\_\_\_

Percent of lot coverage \_\_\_\_\_

Will there be any electrical, plumbing or construction work done before occupancy? \_\_\_\_\_

Describe \_\_\_\_\_

Chemicals, toxic/hazardous substances to be used/stored? \_\_\_\_\_

Describe \_\_\_\_\_

Proposed Signs (must be in conformance with Sign Ordinance and approved by Zoning Officer) (Description)

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

Sign Approval \_\_\_\_\_ Date \_\_\_\_\_

Health Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Zoning Officer Approval \_\_\_\_\_ Date \_\_\_\_\_