

Township of Evesham

COMMUNITY DEVELOPMENT

984 TUCKERTON ROAD, ROOM 204, MARLTON, NJ 08053 856-983-2914 ext. 4

Instructions for New Tenant Certificate (NTC)/ New Owner Certificate (NOC) Application

Chapter 94-18: *This application is for new commercial tenants and/or commercial property owners per the Township Code and shall be used by those who are not undertaking any construction work or initiating a change of use.*

The following checklist is provided to assist you with completing this application packet. Place an "X" next to each item as you complete it or an "N/A" if the item is not applicable to your application. **Incomplete applications will not be accepted.**

- ☐ Complete attached New Tenant/Owner Application Form.
- ☐ Complete attached Fire Safety Use Registration Form.
- ☐ *New tenants only* – a floor plan and seating diagram is required for all commercial tenant spaces. Please see the attached "Required Floor Plan and Seating Diagram" handout for more details on the requirements for submission of the floor plan and cookline diagram if relevant to your use. If the floor plan will not be changing, you may simply follow the directions on the "Required Floor Plan and Seating Diagram". If you are changing the existing layout, please provide a drawing indicating how the space is currently set up for review by our office in addition to the floor plan as required. This initial layout may hand drawn for initial review.
- ☐ If this application is for change of ownership of a tenant space, condominium, or new owner of a building, include a copy of the settlement paperwork showing change of ownership. *(NOTE: the application cannot be submitted until settlement has occurred.)*
- ☐ Include a check in the amount of **\$169.00** made payable to Township of Evesham.

REQUIRED INSPECTIONS:

A fire inspection is required. All furniture, shelving, fixtures, etc. must be moved into the space and the required Floor Plan and Seating Diagram must be posted in the space prior to inspection.

We will contact you to schedule your inspection once review of your application is completed. *Please note that inspection cannot be scheduled unless the required floor plan has been reviewed by our office.*

BE AWARE:

ESTABLISHMENTS THAT PREPARE FOOD, SERVE FOOD, SELL PACKAGED GOODS, AND/OR MANUFACTURE PACKAGED GOODS MAY NOT OPEN UNTIL THE NEW TENANT CERTIFICATE AND FOOD HANDLER'S LICENSE HAVE BEEN ISSUED BY OUR OFFICE AND ARE IN YOUR POSSESSION.

A NOTICE OF VIOLATION AND PENALTY OF \$2,000.00 MAY BE ISSUED IF THE ESTABLISHMENT IS OPENED PRIOR TO YOUR RECEIPT OF THESE DOCUMENTS.

ADDITIONALLY, PLEASE NOTE THAT THIS APPLICATION DOES NOT INCLUDE APPROVAL TO INSTALL SIGNS FOR YOUR BUSINESS. ZONING PERMIT AND CONSTRUCTION PERMIT APPLICATIONS ARE REQUIRED FOR ANY EXTERIOR SIGNS.

New Tenant Certificate (NTC)/New Owner Certificate (NOC) Application

Please print.

Date: _____

FOR OFFICE USE ONLY:

Date Received: _____

Control Number: _____

Date Issued: _____

Certificate Number: _____

Is this application for (circle all that apply): Change of Tenant
Change of Business Ownership
Change in Ownership of Building/Condo Space** (***You cannot submit this application until after settlement has occurred. Proof of ownership required.*)

Address including suite or unit #: _____

Name of Business _____

Block: _____ Lot: _____ Zone: _____ Qualifier (if applicable): _____

Contact Person for this application: _____ Phone Number: _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Contact Person: _____ Phone: _____

Building Management Company Name (if applicable): _____

Management Company Address (if applicable): _____

Management Company Contact Person (if applicable): _____ Phone: _____

New Tenant and/or Change of Business Ownership - Type of Business/Proposed Use: _____

Is any change of use proposed? YES NO

Will there be any proposed alterations (except paint & flooring) that will cost more than \$100? YES NO

Square Footage of Tenant Space or Building: _____ Construction Use Group*: _____

Maximum Occupancy requested: _____ Proposed Move in Date: _____

Number of Bathrooms in tenant space (or number of bathrooms in the building if shared): _____

Will you be making any changes to the layout of the space or building (circle one)? YES NO

Do you plan to have a sign installed (circle one) on or outside the building/tenant space? YES NO

Please complete the following items. If you are unsure, please consult with the landowner or landlord.

Name of Former Tenant: _____

Former Tenant's Type of Business/Use: _____

Former Tenant's Construction Use Group*: _____ Former Tenant's Max Occupancy: _____

*Construction Use Groups: B – business, M – Mercantile, A-2 – Assembly, E-Educational, etc.

This section to be completed by any establishment that prepares, serves, and/or sells or manufactures packaged foods.

Have you contacted the Board of Health for requirements for your establishment? Yes No
Have you applied for a [Food Handler's license](#) from the Evesham Township Municipal Clerks office? Yes No
If so, when did you submit your application? _____

ESTABLISHMENTS THAT PREPARE FOOD, SERVE FOOD, SELL PACKAGED GOODS, AND/OR MANUFACTURE PACKAGED GOODS PLEASE NOTE:

You must apply to the Township of Evesham Clerk's Office to obtain a food handler's license. The license will be issued to you along with your New Tenant Certificate after all inspections have been completed. Your establishment may not open until the New Tenant Certificate and Food Handler's forms are in your possession.

In the event that you have not yet started this process, please contact the departments listed below for guidance.

Burlington County Health Department

Raphael Meadow Health Center

15 Pioneer Blvd.

Westampton, NJ 08060

Phone: 609-265-5515

Fax: 609-265-5541

www.co.burlington.nj.us/391/Retail-Food-Program

Evesham Township Clerk Office

984 Tuckerton Road, Room 201

Marlton, NJ 08053

(856)988-4429

(856)985-3695

<https://evesham-nj.org/index.php/departments/clerk>

I am the (circle one please) Property Owner, Tenant, Other (specify _____) making this application.

SIGNATURE: _____

DATE: _____

PRINT NAME HERE: _____

FOR OFFICE USE ONLY:

Inspection Date: _____ Passed: _____ Failed: _____ Inspector: _____

Comments: _____



EVESHAM TOWNSHIP FIRE DISTRICT NO. 1

FIRE SAFETY USE REGISTRATION FORM

P.O. Box 276 – 984 Tuckerton Road – Evesham, New Jersey 08053-0276 – 856-983-2750

DATE: _____

Fire Dept. Use Only

Entered _____ Insp. Grid. _____ Insp. _____

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

PLEASE CHECK ONE:

☐

NEW TENANT

☐

CHANGE OF OWNERSHIP

☐

RENOVATIONS OF EXISTING TENANT

☐

UPDATE OF INFORMATION

Evesham Fire-Rescue's Fire Prevention Division enforces State Legislation, Public Law 1983, Chapter 383 N.J.S.A. 52: 27D-192 et. Seq. that provides for the establishment of a Uniform State Fire Safety Code. This requires the annual registration and periodic fire inspections of all businesses and buildings. Every business and / or building owner must respond. The application must be returned to this office within 30 days with all items completed. Failure to do so will constitute a violation of State Regulations and may be subject to a penalty fine of not less than \$75.00 and not more than \$1,000.00. **IN ORDER TO KEEP EVESHAM TOWNSHIP A FIRE SAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. NAME OF BUSINESS: _____

PHYSICAL STREET ADDRESS: _____ Marlton, NJ 08053

FEIN # _____ BUSINESS PHONE #: _____

CONTACT PERSON: _____

CONTACT PERSON EMAIL: _____

DESCRIPTION OF BUSINESS: _____

SQUARE FOOTAGE OF BUSINESS (REQUIRED): _____

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL NEW SQUARE FOOTAGE? _____

OCCUPANCY LOAD: _____ IS ALCOHOL SERVED? _____

2. OWNER OF BUSINESS: _____

OWNER ADDRESS _____

TYPE OF OWNERSHIP (LLC, LLP, Corp., Non-Profit, etc.) _____

OWNER PHONE #: _____

OWNER EMAIL: _____

3. PREVIOUS TENANT (if applicable): _____

4. IF BUSINESS IS A CORPORATION:

PRESIDENT: _____

CORPORATE HEADQUARTERS ADDRESS : _____

CORPORATE TELEPHONE #: _____

5. LANDLORD/OWNER OF BUILDING: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

6. FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

7. BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1

BILLING NAME: _____

BILLING ADDRESS, CITY, STATE: _____

BILLING PHONE: _____

8. LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)

NAME: _____ NAME: _____

CELL PHONE: _____ CELL PHONE: _____

9. DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____

PRINTED NAME OF OWNER OR REPRESENTATIVE: _____

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REQUIRED FLOOR PLAN AND SEATING DIAGRAM

All commercial buildings/tenant spaces must have a floor plans and seating diagram posted. The floor plan must be reviewed by our office prior to installation and must include the following information:

- Seating diagram of each assembly area, room, or space requiring an occupant load sign. If you are obtaining this permit in conjunction with new tenant permit, this may be part of the tenant plans.
- Original signature, date and seal of a design professional, architect or engineer registered in the State of New Jersey where applicable.
- Assembly areas using multiple configurations, such as hotel ballrooms or school gymnasiums, may have different seating diagrams/occupant loads for each use. The configuration resulting in the largest number must be submitted.
- Plans must be dimensioned and drawn to scale, 1/8 inch = 1 foot, or larger.
- The proposed occupant load, and how it was calculated.
- Rest room locations and number of water closets serving the assembly area.
- Actual shape and dimensions of the assembly area(s).
- Actual or intended use(s) for each assembly area. If multiple configurations are anticipated, show the one resulting in the highest occupant load. If there are folding partitions, then there should be a number provided for when the partition is open and another for when it is closed.
- Location and sizes of stages, dance floors, non-fixed seating, fixed seating, booths, tables and chairs as well as other fixture(s) such as pool tables, bars and pews. Show the length of booths and pews.
- Location and clear width (in inches) of each exit door, aisle, corridor, and stairway leading from the assembly area and along the means of egress to the exit discharge.
- Location of all "EXIT" signs.
- Exit doors direction of swing and type of hardware.
- Indicate if the building is fully sprinklered and if a fire alarm is present.

Floor plan and seating diagram must be posted along with the occupant load, live load, and construction use group at Final Inspection as per NJAC 5:23-3.5 and corresponding International Building Code (IBC), NJ Edition.

Floor plan and Seating Diagram must be a minimum of 8.5" x 14" and may not be removed.

For restaurants: A separate cookline equipment diagram is also required. Please submit this diagram for review by our office prior to posting. This diagram must be posted near the kitchen cookline and may not be removed once posted.

MAXIMUM OCCUPANCY

PERSONS

