

Proposed Use

9. Proposed activity:

- New Building
- Change of use (new tenant, different use)
- Change of occupancy (new tenant, same use)
- Home Professional Office/Home Occupation

10. Will the tenant space require an alteration, rehabilitation, or renovation? _____

11. Square Footage of Proposed Tenant Space: _____

If adding space, what was the original square footage? _____ Additional? _____

12. Describe the scope of the proposed activity, the nature of the operation, its processes and access to the public.

13. You **must** attach either an Environmental Impact Statement or submit a separate request in writing for a waiver of the EIS stating reasons as to why the waiver should be granted.

I have attached a separate request for a waiver Yes _____

14. Anticipated number of employees (per shift): _____

15. Hours **and** days of operation: _____

16. Proposed water usage (typical domestic? or process related?): _____

17. Describe traffic to be generated (including commuting employees, shipping and receiving, types of vehicles, and anticipated time periods):

18. Identify any hazardous materials to be processed, stored, sold or disposed on site. Specify quantities to be stored or handled over different time periods (weekly, monthly, or yearly). Describe method of handling these materials.

19. Describe type and quantity of both liquid and solid hazardous waste. Identify the licensed waste hauler and ultimate disposal site for all hazardous wastes. Specify quantities to be stored or handled over different time periods (weekly, monthly, or yearly). Describe method of handling these materials.

20. Identify all county, state and federal permits required.

21. The following information must be submitted along with this application or the **application will not be processed:**

a. An **Approved Site Plan** indicating:

- location of all structures
- roads
- parking spaces

b. A **Floor Plan** of the new or additional space to be occupied, with renovations if necessary.

22. As per Ordinance 33-05, each tenancy review application shall be accompanied by a one time fee in the amount of **\$50.00**, payable to South Brunswick Township.

23. Will any signs be refaced or made new at this location for the business listed?
_____yes _____no

I have read Section 62-1731 through 62-1740 of the Land Use Code and hereby certify that I will comply with all the provisions therein and that the information contained in this form is accurate and complete to the best of my knowledge.

Applicant/Tenant Signature

Property/Building Owner Signature

Print Name

Print Name

Date

Date

**SOUTH BRUNSWICK TOWNSHIP
TENANT REVIEW RECYCLING PLAN**

Tenant Business Name: _____

Contact Person: _____ Title: _____

Phone Number: (_____) _____ Email Address: _____

Below is a chart listing materials that are mandated for recycling by Middlesex County and South Brunswick Township. Place a check mark next to any material your business will produce as part of your daily operation. List the company that will provide recycling service for each material and estimate the amount of material you expect to generate along with an estimate of collection frequency. Sign the form.

Mandated Recyclable Material	Check off material produced	Company to provide recycling service	Estimate volume (tons/mo.)	Collection frequency
Commingled bottles and cans				
corrugated cardboard				
mixed paper				
newspaper				
*plastic film				
electronics				
fluorescent bulbs				
rechargeable batteries				
brush				
leaves				
masonry/paving material				
motor vehicle engine batteries				
motor vehicle tires				
motor oil				
white goods				
cfc laden appliances				
textiles				

*only for warehouses, retail establishments with 25 or more employees

The information contained in the form is accurate and ordinance requirements to recycle will be met.

Signed: _____ Date: _____

NOTE: South Brunswick Recycling Center is available for recycling of small quantities of paper and commingled materials. Call 732-329-4000, extension 7274 for more information about material specifications, hours of operation and directions.

Tenancy Review Application item #12

REQUEST FOR A WAIVER OF THE E.I.S.

Business Name: _____

Business Address: _____
(Street & Number, Suite Number if applicable, City, State, Zip)

Business Contact Name: _____

Business Contact Phone # _____

I hereby request a waiver of the Environmental Impact Statement under item #12

Because of the following reason(s) _____

(Signature of person submitting the request)

(Date of Request)