Township of Branchburg

1077 US Highway 202 North, Branchburg, NJ 08876-3936
Telephone: (908) 526-1300 x139 Fax: (908) 526-7476 www.branchburg.nj.us

Office of the Zoning Officer

Industrial or Commercial Certificate of Use

Section 7-1.5B of the Land Use Development Ordinances states that a Certificate of Use (CU) is required when any premises or portion of premises of a commercial or industrial property; whether in a commercial or industrial zone, or in a different zone by reason of non-conforming use; whether it's rented or sold and thereafter occupied by a new owner or tenant.

Commercial & Industrial Users: The following items shall be submitted:

1. The completed original application.
2. One set of the most recent copy of the approved site plan with critical areas delineated, showing the size and location of all existing and proposed buildings, structures, existing sign location, existing approved outdoor storage area, and parking.
3. One set of floor plans if floor area is being proposed to be altered.
4. Health Department approval for the following proposed uses: Food Establishments, Day Care Centers, Tanning Facilities, Kennels, Veterinarians.
5. Contact the Somerset Raritan Valley Sewerage Authority (SRVSA) at (732) 469-0593 for:
   a. Certificate of Payment or letter indicating connection fee not required.
   b. For Industrial Users Only: Obtain a SRVSA Connection Fee and IPP Determination Letter
6. A copy of the approved Continuing Certificate of Occupancy (CCO) shall be obtained from the Code Enforcement/Building Department.
7. D.E.P. Permit(s) and/or D.O.T. Permit(s): if applicable
8. Application fee of $25.00

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OFFICE OF THE ZONING OFFICER

CERTIFICATE OF USE APPLICATION

Block: _____ Lot: _____ Zone: _____

Property Owner/ Applicant: _____

Mailing Address: _____

_____

Business Owner/ Trade Name: _____

Address of Proposed Business: _____

_____

Business Telephone: _____ Email Address: _____

Last Occupant: _____

_____

_____

Contact person name & title: _____

Contact telephone: _____ Contact Email: _____

Building owner: _____

Owner address: _____

_____

Owner telephone: _____ Owner Email: _____

(continued on next page)

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Provide Detailed Description of Proposed Use (use back of sheet, if necessary)

_____

_____

_____

_____

_____

_____

Hours of Operation: _____

Employees per shift: Shift 1: _____ Shift 2: _____ Shift 3: _____

Propose Outdoor Storage (✓ one) ☐ Yes ☐ No

If "Yes" check boxes that are relevant
- ☐ Commercial Vehicles
- ☐ Materials or Equipment
- ☐ Trailers

Total parking spaces onsite: _____

Total Floor Area	Retail	_____	Manufacturing	_____
According to Use:	Office	_____	Assembly	_____
	Warehouse	_____	Fabrication	_____

Will Proposed Business be Placed on TCPA List: ☐ Yes ☐ No

Water supply (✓ one):	☐ Public	☐ Well
Sewer (✓ one):	☐ Public	☐ Septic

Prior approval of Planning Board/Board of Adjustment case number: _____

For Office Use Only

Date of Review: _____

☐ Approved ☐ Denied Ordinance number: _____

Comments: _____

_____

_____

Thomas Leach, Zoning Officer

OFFICE OF THE ZONING OFFICER

CERTIFICATE OF USE
HEALTH SURVEY

Tenant: _____

Address: _____

_____

Owner: _____

Address: _____

_____

General Information

Block: _____ Lot: _____

Name of company: _____

Mailing address: _____

Business telephone: _____ Email: _____

Emergency telephone: _____ SIC number _____

Plant manager: _____

Type of business: _____

Item produced/manufactured: _____

Hours of operation: _____ Number of employees _____

Length of time at this site: _____

Person responsible for health and safety at this site:

Name: _____ Title: _____

Telephone number: _____ Please check if unlisted ☐

Environmental

Drinking water supply (✓ one): ☐ Public ☐ Well

If a well: Date last sampled: _____

Laboratory name: _____

Approved cross connections (✓ one): ☐ Yes ☐ No

Any processing wells (✓ one): ☐ Yes ☐ No

TOWNSHIP OF BRANCHBURG
OFFICE OF THE ZONING OFFICER
CERTIFICATE OF USE HEALTH SURVEY

Sewage Disposal (✓ one): ☐ Septic ☐ Sewer

If septic: Do you have NJPDDS-GDW (✓ one): ☐ Yes ☐ No

Date last pumped: _____

Storage tanks (✓ one): ☐ Aboveground ☐ Underground

*** Attach sheets with type, material stored, age, volume and number

List all chemicals on site: _____

_____

_____

_____

_____

**Attach the 'Right to Know' data sheets **

Drum storage area (✓ one): ☐ Yes ☐ No

Capacity: _____ Explosion proof: _____

Diked: _____ Sprinklered: _____

Discharge to surface water (✓ one): ☐ Yes ☐ No

Odor or noise emissions (✓ one): ☐ Yes ☐ No

Radioactive material used or handled (✓ one): ☐ Yes ☐ No

Does the facility have a written spill prevention plan (✓ one): ☐ Yes ☐ No

If any of the following items are applicable, permits may also by required by the New Jersey Department of Environmental Protection. Please contact the Somerset County Department of Health at 908-231-7155 for further information.

☐ Gas Station (✓one)
☐ new ☐ existing ☐ substantial alterations

☐ Well water – non-residential only. (✓one)
☐ new installation ☐ alteration ☐ existing ☐ abandonment
(Facilities that are not on a municipal water supply may be required to do periodic testing of their source water for public safety)

☐ Large Heating Unit(s). (e.g. boilers, furnaces or water heaters with a capacity of 1 million or more BTUs/hour.)

☐ Emergency Generator(s)

☐ Dry Cleaning Establishment (✓one)
☐ new ☐ existing ☐ substantial alterations

☐ Auto Body or Woodworking Shop using varnish, paints, stripper, etc. and furniture refinishing operations. (✓one)
☐ new ☐ existing ☐ substantial alterations

☐ Facility using a Waste Oil Heater (combustion equipment burning contaminated fuel oil – typically auto dealerships, repair garages, etc.)

- Attach copies of cover sheets for all NJDEP or Federal Permits that are required for your facility's operations.
- Attached a diagram of your facility indicating the location of all storage tanks, well drum storage areas, chemical rooms, production areas, etc.

Name of person completing survey: _____

Title: _____ Date: _____

Application fee:	$25.00
Make checks payable to:	Township of Branchburg
Return payment & application form to:	Township of Branchburg Zoning Office 1077 US Highway 202 North Branchburg, NJ 08876-3936

TOWNSHIP OF BRANCHBURG
1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936
TELEPHONE: (908) 526-1300 X142 FAX: (908) 526-2452 www.branchburg.nj.us
OFFICE OF THE TOWNSHIP ENGINEER

WASTEWATER DISCHARGE APPLICATION

COMMERCIAL / RESIDENTIAL PROPERTIES

Permit Type (✓ one): ☐ Annual Renewal ☐ New Connection ☐ Increase in discharge rate ☐ Other _____

Property Owner Name: _____

Property Address: _____ Block: _____ Lot: _____

Contact name: _____ Title: _____

Telephone number: _____ Fax number: _____ Email: _____

Description of proposed and/or current use: (i.e. 10,000 sf office space and 15 warehouse employees, no showers.) see sheet 2 for applicable descriptions: _____

Total GPD per calculation sheet (Sum of Individual total GPD per Tenant, number 27.) _____

I certify that I am the Owner, Corporate Officer or General Partner of the property which is the subject of this application, that the foregoing statements and the materials submitted are true, and I agree to abide by the Township Sanitary Sewer Regulations as stipulated in Chapter X of the Township General Ordinances.

PLEASE SIGN AND RETURN THE APPLICATION WITH THE CALCULATION SHEET NO. 2

Owner's name (print): _____ Title: _____

Signature: _____ Date: _____

Please note:

1. All applications for new connections must be accompanied by detailed plans and specifications of the connection.
2. Any work proposed within any Township easement or right of way requires a Permit to Open Public Ground from the Township Engineering Department.
3. All applications for non-residential discharges involving other than typical domestic sewage must be accompanied by a complete schedule of all process waters and industrial wastes produced or expected to be produced at the property, including a description of the character of each waste, the daily volume and the maximum rates of discharge and representative analysis.
4. All applications from corporations or partnerships must be signed by a corporate officer/general partner.

For Office Use Only

Engineering Department	Township Official _____ Date _____	GPD (annual charge) _____	GPD (connection fee) _____	EDU's _____	Connection Fee _____
Comments: _____					
Tax Collector	Receipt from SRVSA __Y __W	Receipt of Municipal Connection Fee__Y	Tax Collector _____ Date _____		
				Original: Tax Collector C: Eng/Land Use C: Code Enforcement	

TOWNSHIP OF BRANCHBURG
OFFICE OF THE TOWNSHIP ENGINEER
Wastewater Discharge Application Calculation Sheet No. 2

CALCULATION SHEET NO. 2.

Procedures for Calculating Average Daily Discharge in Gallons Per Day (GPD)

1. All discharge rates shall be calculated based upon the latest revision of N.J.A.C. 7:14A-23.3. Applicable sections as revised to 4/2/12 are repeated here for the applicants benefit.
2. Flow for facilities that have combined uses shall be determined by the summation of all appropriate projected flow values for each use.
3. The Township recognizes that the table below may not cover all establishments and facilities, and in particular facilities that require an industrial treatment works approval. In the event that a facility is not covered, the applicant shall propose the projected flow based upon operation of similar facilities or best professional judgment. The Township reserves the right to accept, modify or deny the proposed flow value.

Type of Establishment	Measurement Unit	(1) Gallons Per Day	(2) Number of Units, SF, Employee, etc.	Total Column 1 x Column 2
Residential Dwellings (single family home, duplex units, townhouses, condominiums, apartments)				
1 bedroom unit	Per Dwelling	150		
2-bedroom unit	Per Dwelling	225		
3-bedroom unit or larger	Per Dwelling	300		
Transit dwelling units				
Hotels	Bedroom	75		
Lodging houses and tourist homes				
Motels and tourist cabins	Bedroom	60		
Boarding houses (max. permitted occupancy)	Border	50		
Camps				
Campground/mobile rec. vehicle/tent	Site	100		
Parked mobile trailer site	Site	200		
Children's camps	Bed	50		
Labor camps	Bed	40		
Day camps –no meals	Person	15		
Restaurants (including washrooms and turnover)				
Average restaurant	Seat	35		
Bar/cocktail lounges	Seat	20		
Fast food restaurant	Seat	15		
24 hour service restaurant	Seat	50		
Curb service/drive-in restaurant	Car space	50		
Clubs				
Residential	Member	75		
Nonresidential	Member	35		
Racquet club	(per court per hr)	80		
Bathhouse with shower	Person	25		
Bathhouse without shower	Person	10		
Institutions (includes staff)				
Hospitals	Bed	175		
Other institutions	Bed	125		

Type of Establishment	Measurement Unit	(1) Gallons Per Day	(2) Number of Units, SF, Employee, etc.	Total Column 1 x Column 2
Schools (includes staff)				
No shower or cafeteria	Student	10		
With cafeteria	Student	15		
With cafeteria and showers	Student	20		
With cafeteria, showers and labs	Student	25		
Boarding	Student	75		
Automobile service stations	Per filling position	125		
Service bays	Per bay	50		
Mini-market	Sq. Ft.	0.100		
Miscellaneous				
Office buildings (gross area)	Sq. Ft.	0.100		
Factories/warehouses (add process wastewater)	Employee	25		
with showers (add process wastewater)	Employee	40		
Laundromats	Per machine	580		
Bowling alleys	Alley	200		
Picnic Parks (restrooms only)	Person	10		
Picnic Parks with showers	Person	15		
Fairgrounds (based upon average attendance)	Person	5		
Assembly halls	Seat	3		
Airports (based on passenger use)	Passenger	3		
Churches (worship area only)	Seat	3		
Theater (indoor)	Seat	3		
Diner theater	Seat	20		
Catering/banquet hall	Person	20		
Sports stadium	Seat	3		
Visitor Center	Visitor	5		
			Total	

Police Department
Branchburg Township
590 Old York Road, Branchburg, NJ 08876-3936
Telephone: (908) 526-3830 Fax: (908) 526-83.99 www.branchburg.nj.us

Emergency Information Form

☐ New ☐ Update. Date: _____

Trade name: _____ Telephone: _____

Location: _____

Type of operation (✓ one):	Business hours:	Days of week:
☐ Manufacturing	From: _____	_____
☐ Office		_____
☐ Other _____	To: _____	_____

Person on premises after normal business hours, include janitorial services:

_____

_____

_____

Burglar alarm (✓ one):	Security Company:
☐ Audible	Name: _____ Telephone: _____
☐ Dialer	Address: _____

Does security company personnel respond to alarm? ☐ Yes ☐ No

Are lights left on when building closes? ☐ Yes ☐ No

In what locations are lights left on: _____

_____

Persons to call in emergency

1. Name: _____ Telephone: _____
   Address: _____
2. Name: _____ Telephone: _____
   Address: _____
3. Name: _____ Telephone: _____
   Address: _____

Attach business card here

Authorized person: _____

Title: _____

Date: _____

April 2003

Branchburg Township
Fire Safety
1077 US Highway 202 North
Branchburg, NJ 08876
Phone: 908-526-1300 x158

LOCAL ID: _____
Mun Code: _____

Annual or New Business Registration

The Uniform Fire Code States: The owner of all businesses, occupancies, buildings, structures or **premises required to be inspected must file annually** to the Local Enforcing Agency. This is also stated in Branchburg Township Ordinance 11-1.5 and 11-1.8. A Certificate of Inspection will be issued by the Fire Official upon a passing inspection. Failure to comply within thirty (30) days of receipt of this application will be a **VIOLATION of this ORDINANCE** to the Local Enforcing Agency and/or Fire Official.

Business Location

Business Name: _____ Block: Lot: Qualifier:

Address: _____ _____ _____ _____

Unit Number: _____ State/Local Registration #:

City: _____ State: _____ Zip Code: _____ _____

Day Phone: _____ Night Phone: _____ Hours of Operation: _____

Business Owner Information

Federal ID Number: _____

Name: _____ Address: _____

Unit: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Property Owner

Federal ID Number: _____

Name: _____ Address: _____

Unit: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Agent

Name: _____ Address: _____

Unit: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Property Manager

Name: _____ Address: _____

Unit: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Other Mailing Address

Name: _____ Address: _____

Unit: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Mail Correspondence To: ☐ Location ☐ Owner ☐ Agent ☐ Manager ☐ Tenant ☐ Other

Mail Invoices To: ☐ Location ☐ Owner ☐ Agent ☐ Manager ☐ Tenant ☐ Other

Branchburg Township
Fire Safety
1077 US Highway 202 North
Branchburg, NJ 08876
Phone: 908-526-1300 x158

LOCAL ID: _____
Mun Code: _____

Annual or New Business Registration

Emergency Contacts

Name 1: _____ Phone 1: _____
Name 2: _____ Phone 2: _____
Name 3: _____ Phone 3: _____

Alarms and Suppression System(s) (if present)

- ☐ Sprinkler System
- ☐ Smoke Detectors - Hard Wired
- ☐ Smoke Detectors - Battery
- ☐ Cooking Protection
- ☐ Heat Detectors
- ☐ Carbon Monoxide
- ☐ Fire Extinguishers
- ☐ Manual Pull Alarm
- ☐ Duct Detector

Monitoring Company Name: _____
Phone Number: _____ Emergency Number: _____

If a Knox Box is required by the Fire Official through Branchburg Township Ordinance 506.1, then all keys/cards contained therein must be maintained up to date by the business owner with the Fire Official through Branchburg Township Ordinance 506.2. Failure to keep keys/cards current could delay firefighting efforts and cause forcible entry damage. (if key box is not required through this ordinance, disregard this paragraph) All keys/cards are current. Initial here: _____

Knox Box Location _____

State description of use/occupancy of this building/business:

Business Ownership Type ☐ Corporation ☐ Individual ☐ Partnership ☐ Condominium ☐ Cooperative ☐ Government ☐ LLC Corporation

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER, OR DULY AUTHORIZED PERSON, TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE NEW JERSEY UNIFORM FIRE CODE, AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name _____ Signature _____

Title _____ Date _____