BOROUGH CLERKS OFFICE
403 SOUTH AVE
GARWOOD, NJ 07027
E-MAIL: clerk@garwood.org
www.garwood.org

NEW BUSINESS/ESTABLISHMENT APPLICATION
New Business Plan Review Forms and Instructions

The Borough of Garwood shares Construction and Health services with the Township of Cranford and the Town of Westfield respectively. Pease see information below:

1. **For Construction Services**: Applicant submits two (2) sets of plans to the Cranford Building Department (8 Springfield Ave, Cranford, NJ 07016) for construction permits and/or Certificate of Compliance.

2. **For Garwood Board of Health Services**: Applicant submits the following forms to the Garwood Borough Clerks Office with one set of plans:

   a. Retail Food Business/Establishment Plan Review Application
   b. Board of Health License Application
   c. Sidewalk Café Initial Application
   d. Zoning Permit Application
   e. Certificate of Compliance Form
   f. All applicable fees payable to: Borough of Garwood via check, exact cash or money order

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BOARD OF HEALTH LICENSE APPLICATION

Submit completed application with check payable to: Borough of Garwood to the Borough Clerks office.

Food Business Type:	**Fee:**	
Stores 9,999 sq. feet or less	$100.00	_____
Stores more than 10,000 sq. feet	$375.00	_____
Restaurants 1 – 24 seats	$ 75.00	_____
Restaurants 25 – 49 seats	$150.00	_____
Restaurants more than 50 seats	$375.00	_____
Milk License (incl. pre-packaged containers of milk)	$ 5.00	_____
Mobile Food Vehicles	$ 75.00	_____
Food Vending Machines	$ 50.00	_____
Non-Food Business Type:		
Sale of Electronic Smoking Device	$200.00	_____
Apt. Complex Pool	$175.00	_____
Pet Shop	$ 50.00	_____
Massage (per practitioner)	$ 25.00	_____
Massage Establishment	$125.00	_____
TOTAL	**$**_____	

Business Name:_____

Business Address:_____

Business Phone #:_____Emergency Phone #:_____

Email Address:_____

Owner Name:_____

Address:_____

Phone #:_____Emergency Phone #:_____

Email Address:_____

- All applications are subject to approval of the Board of Health.
- Non-Profit organizations must obtain a license annually
- License is non-transferrable or refundable.

Applicant Sign Here: _____ Date: _____

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FOR OFFICE USE: Approved by:_____ Date issued: _____
License #_____ Fee: _____ Cash/Check

The annual renewal date for all licenses is January 1st. Late fee is $10.00 per month.

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INITIAL APPLICATION FOR SIDEWALK CAFÉ PERMIT

Please complete this application and return to the Borough Clerks Office with a certificate of liability insurance naming the Borough of Garwood as additional insured, and fee payable to the Borough of Garwood.

Date: _____
Applicant's Name: _____
Business Name: _____
Address: _____
Phone Number: _____
Block: _____ Lot: _____
Email: _____

Please check one:

a.	**1-10 seats**	**$60.00**	_____
b.	**11-25 seats**	**$100.00**	_____
c.	**26-50 seats**	**$150.00**	_____
d.	**51 or more**	**$200.00**	_____

The below documents are on file. Submit any changes if needed with this application

1. Schematic diagram of table location
2. Completed Indemnification Agreement
3. Zoning Request (This will be forwarded to Zoning Officer for approval)

Applicants Signature: _____

****

FOR OFFICE USE ONLY:

APPROVALS:

Health Officer: _____ Date: _____
Clerk: _____ Date: _____
Permit issued: _____ Date: _____
Permit Number: _____

Bureau of Fire Prevention and Code Enforcement Garwood Fire Department
415 South Avenue, Garwood, New Jersey 07027
Telephone: (908) 477-6752

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Dwelling (not mailing address) Block _____ Lot _____
Street _____

NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID

_____ Smoke detector has been installed on each level of the dwelling, including basements, excluding unfinished attic or crawl space, and
_____ Smoke detectors and carbon monoxide alarm has been installed outside each separate sleeping area; and within 10 feet of bedrooms
_____ All smoke detectors in working order. Carbon monoxide alarm(s)in working order
_____ Fire extinguisher must be a 2A:10BC rated fire extinguisher to be located in vicinity of kitchen
_____ Complies with zoning use regulations. Specify use _____
_____ Complies with stormwater discharge regulations as per §106-258(4)
_____ No open building permits

This is a _____ story building _____ with basement _____ without basement
An inspection will be made by the Garwood Fire Department (Fire Prevention Bureau). The smoke detectors required above shall be located in accordance with NFPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The detectors are not required to be interconnected in one and two-family owner-occupied dwellings; in multiple family dwellings they shall be interconnected

Note: AC powered and/or interconnected alarms and smoke detectors installed after January, 1977 shall be maintained in working order. See accompanying papers for information regarding installation.

Note: Effective January 1, 2019, all battery smoke detectors must be 10-year sealed battery units.

OWNER OR AUTHORIZED AGENT

Name: _____
Address: _____
City: _____
Phone number: _____
Closing date: _____

Applicant signature: _____ Printed name: _____

Note: A check or money order made payable to Borough of Garwood must accompany this form. If the closing date above follows the date of receipt by the Bureau of Fire Prevention by more than ten business days, the fee is $70 dollars; if received fewer than ten but more than four business days before closing; $100 dollars; if four business days or fewer; $200 dollars. Once issued a certificate is not transferrable, nor is a fee refundable. If change of occupancy does not occur within six months, a new application fee shall be required.

FOR OFFICE USE ONLY:

Certification # _____ Check number and date: _____
Inspection date: _____ Inspected by: _____

BOROUGH OF GARWOOD
403 SOUTH AVE
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E-MAIL: V-Vinegra@garwood.org
www.garwood.org

APPLICATION FOR ZONING CERTIFICATE

Date: _____

Property Address: _____
Garwood, NJ Block #_____ Lot #_____ Zone: _____

Applicants Name: _____
Email address: _____ Phone number: _____

Homeowner/Business Owner Name: _____

The above listed property is requesting a zoning permit for work below. If the request complies with the Borough's Land Use Code it will be indicated below by the Zoning Officer. If the request does not comply with the Borough of Garwood's Land Use Code then the requester may need to seek an application for a Variance. When approved either by this form or through the Variance process, the applicant may need to proceed to the **Cranford/Garwood Construction Office** (if necessary) to acquire Construction Permits. Other permits are required for street opening, sidewalk replacement/repair and or driveway apron repair/replacement. The applicant requests the following work. Applicant must include survey with application along with other information to support the request.

The permit fee is $10.00. Permit fee for signs is $20.00.

_____ Fence _____ Shed _____ Pool _____ Stairs _____ Porch
_____ Driveway _____ Awning _____ Addition to Structure _____ Sign ($20.00)
_____ Other

OFFICE USE ONLY:
To be completed by Zoning Officer

_____ The use **IS** permitted
_____ The use **IS NOT** permitted _____ Other (see notes below)
Notes: _____
_____
_____

_____ APPROVED _____ DENIED

Explanation for Denial: _____
_____
_____

_____ _____
Victor E. Vinegra, Zoning Officer Date

ZONING PERMIT: A document signed by the Zoning Officer which is required by ordinance as a condition precedent to the commencement of a use or the erection, construction, reconstruction, alteration, conversion or installation of a structure, and which acknowledges that such use or structure complies with the provisions of the municipal zoning ordinance or variance there from. The issuance of a zoning permit is inherent in the issuance of a building permit. It is the intent of this chapter to utilize a zoning permit where a building permit or Board approval may not be required, but where regulatory oversight is necessary to insure proper and safe installation of site elements such as fences, swimming pools, sheds, and other site development or structures as seen fit by the Zoning Officer. NOTE: Issuance of this permit does not exempt any building department permit requirements. Please contact the Construction Department, 8 Springfield Avenue, Cranford, 908-709-7213 to determine if a building permit is also required.

FEES: Chapter 106. LAND USE
Article XII. Fees § 106-148. Signs.
The fee for a sign permit shall be $20 plus a fee of $1 for each square foot of sign area.
§ 106-157. Zoning permit.
The fee for a zoning permit shall be $10.

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NEW RETAIL FOOD BUSINESS/ESTABLISHMENT PLAN REVIEW APPLICATION
SUBMIT TO: GARWOOD CLERKS OFFICE

The New Jersey State Sanitary Code, Chapter 24, Sanitation in Retail Food Establishments, N.J.A.C. 8:24 9.I requires that plans and specifications be submitted to the health authority for review whenever a retail food establishment is constructed, renovated/remodeled or significantly altered or when a structure is converted to use as a retail food establishment. Construction, renovation, alteration or conversion may not be initiated until plans and specifications have been approved by the health and construction authorities.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW FEES (Borough of Garwood Health Code -Chapter 5, Sanitary Regulations Article V, Section 5 13). The fees for review of retail food establishment plans are based upon the square footage of the structure, or, if a restaurant, upon the seating capacity.

Trade Name: _____
Owner's Name: _____
Establishment Location: _____
City, State, Zip Code: _____
Phone Number: _____
Email: _____

Corporate info: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email: _____

Project Contact: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email: _____

TOTAL AMOUNT DUE: _____

Anticipated State date: _____
Anticipated Completion date: _____

Type of Operation:

_____ Bakery
_____ Convenience Store
_____ Grocery Store
_____ Ice Cream shop
_____ Luncheonette/Deli
_____ Restaurant
_____ Taven/bar
_____ Prepackaged food only

Other (please describe):
_____

Restaurant: Seating Capacity: _____

Type of Project:

_____ New Construction
_____ Reno/Remodel
_____ Conversion

Seating Capacity:

_____ up to 49 $100 per business/establishment plan
_____ over 50 $150 per business/establishment plan

Other than Restaurant: _____ square feet

Limited Pre-existing Business/Establishment Alteration:
_____ $75 per business/establishment plan

Water Source: _____ Public _____ Well
Sewer System: _____ Public Sanitary _____ Septic System

FOR OFFICE USE ONLY
Date submitted _____ Date approved: _____ Signature of Inspector: _____
Payment type: _____ MIO _____ Payment Amount: _____