



# COVID 19 SPECIAL PERMIT APPLICATION

## Borough of Shrewsbury

419 Sycamore Avenue  
Shrewsbury, NJ 07702

(732) 741-4200 Ext. 115

### TO BE COMPLETED BY BOROUGH STAFF

Date Filed \_\_\_\_\_

Application No. \_\_\_\_\_

Outdoor Dining  Fee Waived  
Outdoor Merchandising  Fee Waived

#### 1. SUBJECT PROPERTY **\*\*ATTACH COPY OF CURRENT SURVEY OR SITE PLAN\*\***

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

Tax Map: Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Zoning District: \_\_\_\_\_

#### 2. APPLICANT

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Applicant is a: Corporation  Partnership  Individual(s)

#### 3. DISCLOSURE STATEMENT

Pursuant to NJS 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with NJS 40:55D-48.2, that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. Attach pages as necessary to fully comply.

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

#### 4. PROPERTY OWNER (If Different than Applicant)

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

#### 5. PROJECT INFORMATION

Present use of the premises for which Special COVID 19 Approval is sought: \_\_\_\_\_

List any Use Variance relief known to be previously granted for this use: \_\_\_\_\_

List any known restrictions related to intensity of use from previous approvals: \_\_\_\_\_

Does the intended use lawfully exist on the subject premises:  Yes  No

Are any site plan or other physical improvements proposed?  Yes  No (If yes, provide detailed sketch)

Are any new or modified signs being proposed?  Yes  No (If yes, provide shop drawing or sketch)

Please identify the responsible party during COVID 19 operations: \_\_\_\_\_  
(Name) (24 Hour Tel. Number)

Describe how off-street parking will be accommodated: \_\_\_\_\_

Is there a duly authorized Liquor License Associated with the Special COVID 19 Permit Activities?  Yes  No (If yes, provide C-19 Extension)

**SPECIAL COVID 19 APPROVAL(S) REQUESTED:**

Check All That Apply:

- Outdoor Dining
- Outdoor Merchandising
- Temporary Structures(s)
- Permanent Structure(s)
- Other Not Listed: \_\_\_\_\_
- Temporary Sanitary Facilities
- Temporary Sign(s)
- Outdoor Retail Fixture(s)

**SPECIAL INSTRUCTIONS:**

1. All applications for Special COVID 19 Permit approval must be accompanied by a current property survey or valid site plan.
2. Any proposed physical improvements must be clearly drawn with dimensions noted, including egress, sanitary facilities, fire safety features, lighting, seating areas, and all else necessary to demonstrate compliance with EMERGENCY DECLARATION 2020-02
3. The applicant must furnish complete and accurate dimensions of any temporary structures, all accessory structures or amenities and fixtures of any type, including height, arrangement and setback to property lines.
4. Applications for sign permits must be accompanied by drawn details for the intended sign(s), or modifications to existing signs.
5. The applicant's failure to submit the necessary evidence to permit a complete and thorough review of the application will result in the application deemed incomplete and rejected on said basis.

**CERTIFICATIONS**

I certify that the forgoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an officer of the corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner. I specifically authorize the Borough of Shrewsbury, its agents, employees and assigns to enter the referenced property and perform any and all inspections necessary to process this application.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF APPLICANT

I certify that I am the Owner of the property which is the subject of this application, that I have authorized that applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant. If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF OWNER

**ZONING OFFICER DETERMINATION**

The above application and supporting materials have been reviewed and the following determination has been made:

**APPLICATION INCOMPLETE – NO ACTION TAKEN**

The following items must be submitted : \_\_\_\_\_

**SPECIAL COVID 19 PERMIT APPROVED**

Any approval granted is specifically limited to the exact development identified on the permit application and supporting documents. No ancillary work or improvements which may become necessary as a result of the approved development shall be considered to be approved unless expressly included in the application materials.

Any Special COVID 19 Permit Approval is specifically contingent upon the applicant securing all necessary construction permits, approvals and inspections from the Shrewsbury Construction Department. All improvements constructed, installed or otherwise placed on the premises must conform to the applicable portions of the NJ Uniform Construction Code, no deviations therefrom may be authorized by virtue of Special COVID 19 Permit Approval.

The activities or temporary improvements or alterations herein approved are specifically conditioned on continuous conformance with the provisions EMERGENCY DECLARATION 2020-02, which is incorporated herein by reference.

**SPECIAL COVID 19 PERMIT DENIED (See Reason Specified Below)**

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

**SPECIAL COVID 19 PERMIT EXPIRATION**

Any approvals granted under EMERGENCY DECLARATION 2020-02 shall remain in full force and effect only through such date that the EMERGENCY DECLARATION IS EFFECTIVE. Within 14 days of the expiration or revocation of EMERGENCY DECLARATION 2020-02 all activities permitted thereby shall cease, and all temporary improvements shall be removed and the site returned to the configuration which lawfully existed as a benefit of prior approvals granted by the Borough.

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

\_\_\_\_\_  
Zoning Officer Signature

\_\_\_\_\_  
Date