



TOWN OF KEARNY
ZONING BOARD OF ADJUSTMENT
402 KEARNY AVENUE
KEARNY, NEW JERSEY
(201) 991-2700

SITE PLAN

Application No. _____ Submission Date: _____

Approved: _____ Denied: _____

1. ADDRESS: _____

BLOCK NO. _____ LOT NO. _____ AREA OF PROPERTY _____

2. NAME OF APPLICANT: _____

ADDRESS: _____

3. NAME OF TITLE OWNER OF PREMISES: _____

ADDRESS: _____

4. PROPOSED USE OF BUILDING (Detailed description including name of occupant, type of product handled, materials used, whether retail, distributing, manufacturing or other): _____

5. TYPE OF CONSTRUCTION: _____

6. NAME OF ARCHITECT: _____

ADDRESS: _____

7. DIMENSIONS OF BUILDING TO BE CONSTRUCTED: _____

8. GROSS BUILDING AREA: _____

9. BUILDING HEIGHT: STORIES- _____ FEET- _____

10. TOTAL AREA DEVOTED TO PARKING FOR PROPOSED BUILDING _____ SQ. FT.

11. NUMBER OF PARKING SPACES (10' x 20') _____

NUMBER OF PARKING SPACES (9' x 20') _____

12. NUMBER OF LOADING BERTHS: _____

13. NUMBER OF EMPLOYEES: PEAK SHIFT- _____ TOTAL _____

14. HOURS OF OPERATION: _____

15. ACCESS TO PUBLIC UTILITIES: (A) WATER _____

(B) SANITARY SEWERS _____

(C) STORM SEWERS _____



DESCRIPTION OF EXISTING BUILDINGS (IF ANY)

16. NUMBER OF EXISTING BUILDINGS ON LOT: _____
17. USE OF EXISTING BUILDINGS (DETAILED DESCRIPTION) _____

18. NUMBER OF EMPLOYEES IN EXISTING BUILDINGS: PEAK SHIFT _____ TOTAL _____
19. NUMBER OF SPACES FOR EXISTING BUILDINGS (10' x 20') _____
NUMBER OF SPACES EXISTING BUILDINGS (9' x 20') _____
20. HOURS OF OPERATION OF EXISTING BUILDINGS _____
21. TOTAL LOT COVERAGE OF EXISTING BUILDINGS (PERCENT) _____

FAILURE OF THE APPLICANT TO SUBMIT THE NECESSARY INFORMATION MAY RESULT IN A DELAY OF PROCESSING THIS APPLICATION

I certify that the above information is true to the best of my knowledge and belief.

OWNER: _____

APPLICANT: _____

Sworn and subscribed to before me this _____ day _____ of _____

SIGNATURE: _____