## **Zoning Certificate Checklist**

1. Is the property located in the I-1 or I-2 Zone? Yes No
2. If yes, the application must be submitted to the Planning Board pursuant to 34.24.24
3. Is the Proposed use permitted? Yes X No .
4. If no, application must be made to the Zoning Board of Adjustment.
5. Is there an increase in the parking requirements for the proposed over the previous use? YesNo
6. If no, skip to question #9.
7. If yes, does the site have enough parking spaces to meet the requirements of the Zoning Ordinance? YesNo
8. If the answer to question #7 is no, an application must be made to the Zoning Board for a Parking variance.
9. Is there an accurate site plan, existing conditions plan, or an As-Built drawing on file, approved by the Planning Board or Zoning Board? Yes X No
<ol> <li>If the property is in the I-1 or I-2 zone, the applicant must submit a plan and parking analysis to the Planning Board for approval.</li> <li>If the property is in the B-1, B-2, or B-3 Zone, the zoning officer at his discretion, may approve the plan and parking analysis for the purposes of issuing the Zoning Certificate.</li> </ol> NAME OF APPLICANT DANK (SIBSON)
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## ZONING CERTIFICATE FOR NON- RESIDENTIAL USE

280 Godwin Avenue Borough of Midland Park, NJ 07432

NAME OF OCCUPANT:**  DIANA K. (TBOON)  AREA OF BLDGSQ.FT. AREA OF OCCUPANT- SQ.FT. SECTION OF BLDGSQ.FT. AREA OF OCCUPANT- SQ.FT. SC.FT. SC.FT. SQ.FT. S
1)
SOLE PURPOSE OF OCCUPANCY:
ARTIST STUDIO/WORKSHOP
PREVIOUS TENANT, IF APPLICABLE STUFF
NAME OF APPLICANT / IF A CORPORATION, NAME AND ADDRESS OF INDIVIDUAL MAKING APPLICATION
DIANA K GIBSON email: dianakaibson@yahoo
APPLICANT'S ADDRESS:: 119 CEDAR MOAD RINGWOOD, NJ 107456
APPLICANT'S PHONE: (201) 5727-6016 SIGNATURE: 20 74
NAME OF OWNER OF BUILDING:  ADDRESS OF OWNER:
HENRY WOSTBROCK 34 BUTTERNUT AVE MP 07432
CERTIFICATION THAT ALL CONDITIONS OF SITE PLAN AND BUILDING PERMIT HAVE BEEN MET KENTY & Wostbrock (Property Owner Signature)
LIST ALL OTHER OCCUPANTS OF BUILDING: Name:  Type of Business:
GARDEN SHOP ANTIQUE SHOPS
RETAIL STORES
PLANNED USE INCLUDING PRODUCTS OR SERVICES SOLD OR MANUFACTURED:
ARTIST STUDIO/ WORKSHOP
Incoming shipments: Type Conveyance Product Comments
Number weekly 6
Outgoing shipments: 8
NUMBER OF PEOPLE: Start Final NUMBER DAILY CUSTOMERS OR VISITORS WILL YOU DEAL WITH GENERAL PUBLIC?
HOURS OF OPERATION: From To NUMBER OF DAYS OPEN WEEKLY:
GALS. WATER USED: EXTENT OF NOISE FUMES OR ODORS OTHER NUISANCES
ANY FLAMMABLES OR EXPLOSIVES USED OR STORED? (NO) YES, EXPLAIN
PROPOSED PERIOD OF OCCUPANCY: From MARITH TO OFF N
COMMENTS: (SPACE BELOW FOR PLANNING BOARD USE)
Mouns of openation will vary

NOTE: A SIGN PERMIT IS REQUIRED FOR ANY NEW SIGNS OR SIGN CHANGES—--FLAGS AND BANNERS ALSO REQUIRE PERMITS. (Neon signs are prohibited)

\*\* EACH OCCUPANT MUST HAVE HIS OWN CERTIFICATE OF OCCUPANCY: IF YOU VACATE, SUCCESSOR WILL REQUIRE A NEW CERTIFICATE.