

Borough of Midland Park

280 Godwin Avenue • Midland Park, New Jersey 07432 Tel: 201-445-5720 • Fax: 551-600-8296

www.midlandparknj.org__

ZONING CERTIFICATE

LOCATION	: 32 Godwin Avenue	ZONING DISTRICT: B-3
	PROPERTY: James Orefice 59 Hollow Brook Rd., Clifton, NJ 07830	
	OCCUPANT: Robin Bray LLC - dba Fitness Barre RGENCY CONTACT: James Orefice	201-805-9192 973-713-7389
PREVIOUS	TENANT: RUG STORE	
This is to cerbe used as or	rtify that the above-described premises together with any build for:	ing thereon, are used or proposed to
PHYSICAL	FITNESS	
Which is a: (X) () ()	Use permitted by Ordinance Use permitted by variance approved on subject to grant thereof. Valid nonconforming use as established by () finding of the Zonit the undersigned Zoning Officer on the basis of evidence supplied by hereof. Also specified on the reverse hereof is a detailed statement There is a nonconforming structure on the premises by reason of in () setback, () side yards, () rear yard, () other (specify)	ng Board of Adjustment, or () by the by the applicant as specified on the reverse of all aspects of the nonconforming use.
787 S		
	ermit is required for any new construction, alteration, alarms or Knox Box on site - no exterior locks may be changed without first	
	X_ADEQUATE INADEQUATE ILE:_X_APPROVED SITE PLANPARKING SCHI Mal Bury Zoning Office	, ,
Cc: Police D	ept., Fire Prevention Official, Fire Dept., Construction Official.	Board of Health (if applicable)

Zoning Certificate Checklist

1. Is the property located in the I-1 or I-2 Zone? YesNo					
2. If yes, the application must be submitted to the Planning Board pursuant to 34-21.3d.					
3. Is the Proposed use permitted? Yes 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? Yes No					
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 No					
No					
1. If the property is in the Land 2					
1. 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.					
2. 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.					
NAME OF APPLICANT ROBIN J BRAY LLC DBA (FITNESS BARRE.)					
ADDRESS 32 GODUM BLOCK 5 LOT 25.01 ZONE B-3					
PREVIOUS TENANT RUG STORE PREVIOUS USE RETAIL					
UNIT#AREA Sq. Ft. 787 PROPOSED USE THYSICAL FITHESS					
CHANGES					
RELOCATION?PHONE 201-805-9327 EMAIL ROBING FITNESS BARRE - COM					
DATE 9/13/21 ZONING OFFICIAL Mal By APPROVED-Yes No					
UCC USE GROUP: PREVIOUS USE B PROPOSED USE B CCO REQUIRED? N_0					

APPLICATION FOR ZONING CERTIFICATE FOR NON-RESIDENTIAL USE

SEP - 9 2021

BORNOETHIN ARIDPARK

280 Godwin Avenue

\$100 APPLICATION FEE PAYABLE TO "BOROUGH OF MIDLAND PARK" Borough of Midland Park, NJ 07432 Cash ____ Check # 3333

32 Godwin Any Midland Pa	art 07432 B-3	BLOCK:	25.01		
Robin J. Bray LLC DBA Fitness barrs	SQ.FT. AREA OF OCCU	1 1 1	SECTION OF BLDG.		
SOLE PURPOSE OF OCCUPANY/PLANNED USE (INCLUDING PRODUCT			2		
Small personalized fitness	classes.		BACK SPA		
PREVIOUS TENANT, IF APPLICABLE:					
NAME OF APPLICANT-IF A CORPORATION, NAME AND ADDRESS OF ROBIN J. Bray - 2 Ballard Place	INDIVIDUAL MAKING APPLICATION Fair Lawn N.J				
APPLICANT'S ADDRESS: 2 Ballard Place					
APPLICANT'S PHONE: 2018059327 E-M	All: Robin@Fitn	essbarre.	Com		
NAME OF OWNER OF BUILDING:	RESS OF OWNER:				
JAMES OREFICE 59	HOLLOW BROOK RD.	CALIFON, I	0 5370 CN		
CERTIFICATION THAT ALL CONDITIONS OF SITE PLAN AND BUILDING PERMIT HAVE BEEN MET:					
		(RROPERTY OW	NER SIGNATURE)		
Name:	OCCUPANTS OF BUILDING Type of Business:		(d)		
Kristin PAhl	Retail	7			
Stacey HURLEY	Accounting				
Incoming Shipments TYPE CONVEYANCE Number Weekly:	RODUCT	COMMEN	TS		
Outgoing Shipments					
Number Weekly:					
NUMBER OF PEOPLE: Min 3 Max 7 NUMBER OF DAILY CUSTON	ERS/VISITORS: WILL YO	OU DEAL WITH THE C	GENERAL PUBLIC?		
HOURS OF OPERATION: From 8:00am to 12	NUMBER OF DAYS	OPEN WEEKLY:	6		
GALS. WATER USED: EXTENT OF NOISE:	music from a	SpenVer	Imicrophone		
FUMES OR ODORS:	OTHER NUISANCES:	e space	microphone		
ANY FLAMMABLES OR EXPLOSIVES USED OR STORED?	YES				
IF YES, EXPLAIN					
PROPOSED PERIOD OF OCCUPANCY: FROM $9/30/$	2021 TO 9,	/29/20			
ote: A SIGN PERMIT IS REQUIRED FOR ANY NEW SIGNS OR SIGN CHANG					
EACH OCCUPANT MUST HAVE ITS OWN CERTIFICATE OF CCUPANCY	. IF YOU VACATE, THE NEW OCC	UPANT WILL REQUIR	RE A NEW CERTIFICATE		
APPLICANT SIGNATURE ROUND PAUL - PROBATRIM LLC DATE 9/3/21					