



## BOROUGH OF CHESTER

50 North Rd.  
Chester NJ 07930  
908-879-3660 EXT. 2115  
[zoning@chesterborough.org](mailto:zoning@chesterborough.org)

### NEW BUSINESS LICENSE PACKET

Below is a checklist for all items required before a business opens or if a commercial property changes ownership in Chester Borough. Some items may not be applicable depending on the type of business and/if work is being completed. The checklist is not applicable for Home Businesses. If you have any questions or concerns, please contact the Zoning Department. Your packet should include all forms filled out in its entirety, all fees, and documents listed below.

- 1.) Business License Application
- 2.) Fire Prevention Form
- 3.) Zoning Permit
  - a. If a new sign is to be installed, please include a drawing of the sign, along with dimensions.
  - b. If work is being done within a space, state the work being performed and attach a drawing of the proposed work.
- 4.) Food Establishment Plan Review Application & Food Establishment License (IF APPLICABLE)

Make sure you read all the applications and note what is needed.

***Applications deemed incomplete will be denied.***

If work is being performed, you will need to apply for a Construction Permit. Construction is the last step in the process and only after you have received all prior approvals.

#### Zoning Department

Sarah Jane Noll-Zoning Official/ Code Enforcement  
Dena Dziergoski-Zoning Official  
908-879-3660 EXT. 2115  
[Zoning@chesterborough.org](mailto:Zoning@chesterborough.org)

#### Health Department -Shared Services with Bernards Township

Virginia Bordonaro-BOH Secretary Chester Borough  
908-879-3660 EXT.2128  
[Health@chesterborough.org](mailto:Health@chesterborough.org)

#### Construction Department

Dena Dziergoski-Technical Assistant to the Construction Official/LUB Secretary  
908-879-3660 EXT. 2115  
[Construction@chesterborough.org](mailto:Construction@chesterborough.org)



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### BUSINESS PERMIT APPLICATION

#### OFFICE USE ONLY

Application #: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Reason: \_\_\_\_\_

Date Stamp: \_\_\_\_\_

#### Fees

**\$125.00-** Certificate of Existing  
Non-Conformity  
**\$50.00-** Zoning Verification  
Letter  
**\$175.00-** Business License

Checks made payable to The Borough of  
Chester

#### TENANT INFORMATION

Name: \_\_\_\_\_

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### OWNER INFORMATION

Name: \_\_\_\_\_

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

( ) Change of Use ( ) Change of Tenant ( ) New Business

Describe in detail the intended use and dimensions of the space that is to be used:

\_\_\_\_\_

Has the above premises ever been the subject to any prior applications to the Land Use Board to the applicants' knowledge? (If so, state the date of the application, results, and attach a copy of the decision.) \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_

**\*\*Please provide a plan of the existing and proposed work to the space, etc. Make sure to provide all relevant information such as resolutions, copy of site plan, and prior use of approval for the property. \*\***

**-PROVIDE PHOTOS OF THE AREA OF PROPOSAL-**

- ✓ I certify that the information submitted is correct and that the location of the proposed shown on the submitted survey including setbacks, and all other pertinent dimensions and information is correct and will be built in compliance with app applicable provisions of The Borough of Chester Codes.
- ✓ I understand that if it is determined that the information provided is not correct, or the proposed location of the structure is not as shown on the submitted survey, The Borough of Chester Codes may institute the appropriate action or proceedings to abate the violation and I will be subject to penalties as per **Chapter 163-64 Violations and penalties.**
- ✓ Tenant, in addition to certifying the above, I certify that the proposed work is authorized by the owner, and I have been authorized by the owner to make this application on the owner's behalf.

Owner/Tenant's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Zone: \_\_\_\_\_



## FIRE PREVENTION

BOROUGH OF CHESTER

50 NORTH RD.

CHESTER NJ 07930

Name of Business: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Owner's Home Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Any hazardous materials on the premises?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain:

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

### OFFICE USE ONLY

Sent to Mount Olive Fire Marshal on:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_





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### ZONING PERMIT APPLICATION

**Purpose:** Obtaining a Zoning Permit is required before applying for a Certificate of Occupancy or a Building Permit. The purpose of a Zoning Permit is to ensure the building, structure and/or use complies with the zoning requirements of the Borough of Chester including setbacks, use, and building coverage. The owner and/or applicant will be notified within 10 business days from the date of receipt of this application that the Zoning Permit has been approved, denied (with reasons), or the application is deemed incomplete.

#### OWNERSHIP INFORMATION

Name: \_\_\_\_\_

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

#### APPLICANT INFORMATION (If different from ownership)

Name: \_\_\_\_\_

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

( ) New Construction ( ) Addition ( ) Shed/Garage ( ) Deck ( ) Porch ( ) In-ground pool ( ) Above-ground pool  
( ) Hot Tub ( ) Sign ( ) Change of Use ( ) Patio ( ) Gazebo ( ) Finished Basement ( ) Other \_\_\_\_\_

Describe in detail the intended use and dimensions of the structure, addition, shed, fence, etc., that is to be built or displayed:

Has the above premises ever been the subject to any prior applications to the Land Use Board to the applicants' knowledge? (If so, state the date of the application, results, and attach a copy of the decision. \_\_\_\_\_)

- ✓ I certify that the information submitted is correct and that the location of the proposed shown on the submitted survey including setbacks, and all other pertinent dimensions and information is correct and will be built in compliance with applicable provisions of The Borough of Chester Codes.
- ✓ I understand that if it is determined that the information provided is not correct, or the proposed location of the structure is not as shown on the submitted survey, The Borough of Chester Codes may institute the appropriate action or proceedings to abate the violation and I will be subject to penalties as per **Chapter 163-64 Violations and penalties.**
- ✓ Applicant, in addition to certifying the above, I certify that the proposed work is authorized by the owner, and I have been authorized by the owner to make this application on the owner's behalf.

Owner/Applicant Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Zone: \_\_\_\_\_

#### OFFICE USE ONLY

Application #: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Date Stamp: \_\_\_\_\_

#### Fees

**\$50.00-** Pools requiring building permits, fences, sheds, decks, patios, change impervious coverage & accessory structures, permanent signs & temporary banners  
**\$100.00-** New house-addition & sidewalks

Checks made payable to The Borough of Chester

**\*\*Please provide a correctly scaled property survey with this application and show the proposed work drawn to scale including setbacks, height, and dimensions, etc. Provide photos of the area of proposal. \*\***



## **CHESTER BOROUGH HEALTH DEPARTMENT**

### **Retail Food Establishment Plan Review Application**

Name of Food Establishment: \_\_\_\_\_

Address of Food Establishment: \_\_\_\_\_

Phone Number at Food Establishment: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Contractor Name/Address/Phone: \_\_\_\_\_

Brief Description of Food Establishment Type: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** This fee is only for the Health Department to review your Food Establishment application. Please provide a drawing of the kitchen, along with a copy of the menu and hours/days of operation.

This review is to make sure the establishment is up to the current code/standards of Chapter 24.

#### **Select License Type:**

- ☐ New Establishment
- ☐ License Renewal
- ☐ Change of Ownership

Fee for application: \$50.00

#### **FOR OFFICE USE ONLY**

\_\_\_\_\_ Fees paid

\_\_\_\_\_ Plans submitted

\_\_\_\_\_ Check #

\_\_\_\_\_ Date Paid

Borough of Chester  
50 North Rd.  
Chester, NJ 07930  
908-879-3660 Ext. 2128



## BOROUGH OF CHESTER HEALTH DEPARTMENT

50 North Rd.  
Chester, NJ 07930  
Telephone: 908-879-3660 Ext. 2128  
Fax: 908-879-0122

### APPLICATION FOR FOOD ESTABLISHMENT LICENSE

Type of Establishment (check one):

<input type="checkbox"/> BAKERY	<input type="checkbox"/> COFFEE SHOP	<input type="checkbox"/> RESTAURANT
<input type="checkbox"/> BUTCHER	<input type="checkbox"/> CHURCH KITCHEN	<input type="checkbox"/> SUPERMARKET
<input type="checkbox"/> CAFETERIA-SCHOOL	<input type="checkbox"/> DELICATESSEN	<input type="checkbox"/> TAVERN
<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> PREP ESTABLISHMENT	<input type="checkbox"/> MOBILE VENDOR
	<input type="checkbox"/> OTHER-SPECIFY _____	

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Address of Principal Owner (s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

#### ESTABLISHMENT FEE SCHEDULE

Supermarkets (with not more than 15 seats) -----	\$300.00	Mobile Vending/Cart -----	\$100.00
(with more than 15 seats) -----	\$400.00	Volunteer Firemen	
Store (without seats) -----	\$175.00	For Events -----	\$35.00
Store selling only wrapped goods -----	\$50.00	Per Annum -----	\$100.00
Restaurants/Cafeterias/Hotels with seats		Church Having Kitchen -----	\$15.00
Seats 1-25 Persons -----	\$175.00	Roadside Stand -----	\$135.00
Seats 26-75 Persons -----	\$270.00		
Seats Over 75 Persons -----	\$400.00		

Payment must be received by January 31<sup>st</sup> of the licensing year. Failure to comply is a violation. The penalty is a 50% surcharge of the license fee. Those who have not complied by March 31<sup>st</sup> of the licensing year, the surcharge is equivalent to the licensing fee or \$100%.

In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provision of Chapter 24 of the New Jersey Sanitary Code and Chapter 244-S the Code of the Borough of Chester.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name & Title

#### FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Date Expired: \_\_\_\_\_

Fee: \_\_\_\_\_

License #: \_\_\_\_\_