

APPLICATION STATE OF EMERGENCY TEMPORARY USE PERMIT

REVIEW STANDARDS

A State of Emergency Temporary Use Permit shall be approved upon a finding that the use, as proposed:

1. Is necessary as a result of the COVID-19 Pandemic and, on its face is temporary in nature;
2. Is in harmony with the spirit and intent of this Clark Township Zoning Ordinance.
3. Is not detrimental to property or improvements in the surrounding area, or to the public health, safety, or general welfare;
4. Does not have any substantial adverse effects or is offensive by reason of odor, dust, vibration, illumination, electrical interference, noise, or which constitutes a public hazard by reason of fire, explosion or air or water pollution.
5. Is consistent with the applicant's principal use and is compatible with any principal uses on the site;
6. Is located on a site containing sufficient land area to allow the temporary use and associated structures, and can accommodate any associated parking and traffic movement, without disturbing or interfering with the enjoyment the neighbors may have with their lands and businesses; and

PROCEDURE

1. Submit application and Fee to Zoning Officer
2. Recommendation by the Zoning Officer, Building Official, Township Engineer, Health Department, Fire Department, and Police Department within five days.
3. Final Decision by the Township Business Administrator

APPLICATION CHECKLIST

The following copies shall be submitted to the Zoning Officer.	
	<ul style="list-style-type: none"> • One (1) Paper Original • One (1) Digital Copy in PDF • Ten (10) Paper Copies
	Application Fee as established by resolution of the Township Council - WAIVED
	Completed application with original signatures.
	Proof of ownership (owner's certificate form must be completed by owner).
	Description of the land area being disturbed.
	Written Narrative with list of each Temporary Use and point-by-point response to each Review Standards (and Use Specific Standard, if applicable)/ Narratives must be on letterhead, dated, and with author indicated.
	Current survey. Surveys to be recent and must show all improvements on the property
	Conceptual Site Plan or sketch demonstrating the requested Temporary Use.

STREET ADDRESS		Zoning District
Subdivision	Block	Lot
Representative or Agent's interest in property (Owner, Lessee, Etc.)		
Has any previous application(s) been filed?	Yes _____ No _____	
If Yes, give date of hearing and finding		

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable)	Business Name (if applicable)
Print Name and Title	Print Name and Title
Signature	Signature
Date	Date
Street Address	Street Address
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Phone Number	Phone Number
Email	Email
Indicate your preferred medium to receive agendas and notifications: ___Mail ___E-Mail	Indicate your preferred medium to receive agendas and notifications: ___Mail ___E-Mail

CONDITIONS OF APPROVAL

**Condition
Required**

Condition Description

1. The rights granted pursuant to this approval shall be exercised on _____ and shall terminate 180 days from the date of the termination of the Governor's Declaration of Emergency.
2. The proposed permitted activity shall be operated between the hours of _____ to _____.
3. The activity is required to be in compliance with all applicable codes and ordinances relating to health, safety and welfare.
4. Parking may be temporarily reduced under this permit to accommodate the proposed temporary use. Applicant shall certify that parking is sufficient to accommodate this use.
5. The development of any outside temporary improvements shall be in conformance with a sketch or plan that has been reviewed by the Township. The sketch or plan shall be attached to the application.
6. The applicant shall be required to restore the site to a clean condition within 72 hours after the conclusion of the activity.
7. The applicant shall maintain an unrestricted five (5) foot wide or greater pedestrian and handicap walk-way on any sidewalk at all times. Social distancing must be maintained.
8. All doorways, handicapped access ramps, loading zones, and fire access must be unobstructed and open at all times during the proposed period of outdoor activity.
9. Any shaded structures shall be placed in an area where they will not adversely obstruct required customer parking areas, drive aisles, or any access designed for public safety.
10. Banners, balloons, flags, and other attraction devices may not be mounted to any portion of the shade structure.
11. All components of any shade structure shall be maintained in good condition, and any evidence of wear shall be replaced or repaired immediately.
12. All projects that propose either tents or canopies shall require that catalog cuts, photos or sketches be submitted with the permit application along with the sketch.
13. Tethered helium balloons, flags, pennants and banners will not be permitted.
14. This permit shall be maintained on-site during the duration of the temporary use and made available to the Zoning Officer or Building Code Enforcement Officer inspecting the premises as necessary.
15. Uses that require a State or County Emergency Temporary Use Permit shall not be allowed under this permit.

OWNERS CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application. I further certify that this request is not related to any existing violation of the Zoning Ordinance.

Owner's Name: _____
(Print or Type)
Address: _____

Phone: _____ (Zip Code) _____

Email address: _____

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public, State of New Jersey

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

Personally know to me, or
 Produced identification: _____
(Type of Identification Produced)