

**TOWNSHIP OF LAWRENCE**  
**Zoning Office**  
**PO Box 6006**  
**Lawrence Township, NJ 08648**

**Business Occupancy Application – Fee: \$50.00\***

**\*The required fee must be submitted with the application.**

**NOTE: N.J.S.A. 2C:21-3(b) PROVIDES THAT ANYONE OFFERING A FALSE STATEMENT MAY BE PUNISHABLE BY THE LAWS OF THE STATE.**

In accordance with §1203.A.8 of the Lawrence Township Land Use Ordinance, I, the undersigned, hereby make application for a Business Occupancy permit to operate the identified business at the location described. I declare that the information given is true to the best of my knowledge and belief, and that I have the permission of the property owner or his agent to use the property for said purpose. A copy of the owner's written permission will be provided to the Township upon request. I agree not to alter the business operation in any way without first submitting to the Township a revised Application for Business Occupancy. I understand that such alteration could result in the revocation of the permit. Permittee grants to the Township of Lawrence, in accordance with its rights as lessee and/or property owner, the right to enter upon the real property for purposes of inspection.

Applicant Name and Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. \_\_\_\_\_  
NAME OF BUSINESS

2. \_\_\_\_\_  
ADDRESS OF BUSINESS

\_\_\_\_\_ BLOCK(S) \_\_\_\_\_ LOT(S)

3. \_\_\_\_\_  
DESCRIPTION OF BUSINESS (office, retail, etc.) – ATTACH ADDITIONAL INFORMATION IF NEEDED OR REQUESTED

4. \_\_\_\_\_  
PREVIOUS USE OF SPACE

5. \_\_\_\_\_ 6. \_\_\_\_\_  
SQUARE FOOTAGE ALLOCATED TO BUSINESS PARKING SPACES ALLOCATED TO BUSINESS

7. **For Retail Businesses Only:** This retail business [ ] does [ ] does not involve the sale of secondhand goods. If this business involves the sale of secondhand goods, a license from the Municipal Clerk is required and must be submitted with this application in accordance with Ordinance 2261-17.

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**DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY ZONING OFFICER**

ZONING DISTRICT OF PARCEL: \_\_\_\_\_

PERMITTED USE: \_\_\_\_\_ YES \_\_\_\_\_ NO

APPROVED FOR OCCUPANCY: \_\_\_\_\_ YES \_\_\_\_\_ NO

CHANGE IN USE: \_\_\_\_\_ YES \_\_\_\_\_ NO

CONDITION(S): \_\_\_\_\_

REASON(S) FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date