

BOROUGH OF WHARTON

Housing & Zoning Official
Property Maintenance
Enforcement
Leon Stickle



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BUSINESS/REGISTRATION/INSURANCE

Property Address: _____ Block & Lot: _____

Mark the Proposed Change:

- ☐ Change of Use
- ☐ Construction / Addition - Residential: _____ Commercial/Industrial: _____
- ☐ Change of Commercial/Industrial Occupancy

****Description of Use Change, Occupant / Name Change, Construction Change (from & to):

Applicant Name (print): _____ Circle: Owner or Rep.

Address: _____

Phone No.: _____ Fax No.: _____ Email: _____

Emergency Contact Person Number and Address: _____

For Commercial & Industrial Applications:

Previous use of the Property: _____

Proposed use of the Property: _____

*Has the property been subject to previous Planning or Board of Adjustment Approvals: _____

*Are licenses required to conduct this Business (if so, what is required)? _____

*Number of employees ? _____ Number of spaces provided for applicants use ? _____

*Hours of Operation/days per week: _____

The applicant and/or owner certifies that the information contained in this application is true and correct. If the Zoning Officer determines that any of the information contained in this application is untrue or inaccurate, the Permit can be revoked. If revoked the applicant may be forced to cease operations and can be required to vacate The premises

Applicant Signature: _____ Date: _____

(231-29) E. BUSINESS REGISTRATION AND INSURANCE MUST PROVIDE PROOF OF INSURANCE AND REGISTER BY JANUARY 15TH OF EACH YEAR.