



# ZONING PERMIT

APPL. NO.	_____
DATE:	_____
FEE:	_____
BLOCK:	LOT: _____

**\*\*\* COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE INSTRUCTION SHEET AND APPLICABLE FEES:**

### TYPE OF APPLICATION

- |   |  |
|---|--|
| <input type="checkbox"/> Minor Residential Alteration | <input type="checkbox"/> Alterations to Multi-Family and/or Non-Residential structures; SIGNS* |
| <input type="checkbox"/> Residential Alteration       | <input type="checkbox"/> New Non-Residential Structure Const.                                  |
| <input type="checkbox"/> New Single-Family Structure  | <input type="checkbox"/> Certificate of Non-Conformity   |
| <input type="checkbox"/> New Multi-Family Structure   | <input type="checkbox"/> Change of Occupancy   |
| <input type="checkbox"/> New Two-Family Structure     | <input type="checkbox"/> Other: describe _____   |

\* All sign proposals require the additional sign form to be completed and submitted with this form.

### PLEASE PRINT

- Applicant's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_
  - Property Owner's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_
  - Location of property for which Zoning Permit is desired: Zone \_\_\_\_\_  
Street Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_
  - Use of Property: Residential  ; Commercial  ; Office  ; Industrial  ; Other   
Describe present use: \_\_\_\_\_  
Describe proposed use: \_\_\_\_\_
  - Describe proposed construction, alterations, additions or changes at the subject site: \_\_\_\_\_
  - Is a change of occupancy or tenancy involved in this application: Yes  No   
If yes, describe: \_\_\_\_\_
  - Do you presently own or have you ever owned property adjacent to the subject site: Yes  No   
Describe \_\_\_\_\_
  - Has the subject premises been the subject of prior application to the Zoning Board of Adjustment or Planning Board to the applicants knowledge. Yes  No  If yes, state date: \_\_\_\_\_  
Board: \_\_\_\_\_ Resolution # \_\_\_\_\_
- Disposition of Application: \_\_\_\_\_

### ALL APPLICATIONS MUST BE SIGNED:

\_\_\_\_\_  
Applicant Signature Print Name (Applicant)

\_\_\_\_\_  
Property Owner Signature or Designated Agent Print Name (Owner)

### OFFICE USE ONLY:

Based on the information submitted and the requirements of the Township Zoning Ordinance, your application for a Zoning Permit is hereby:

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Comments on Decision: \_\_\_\_\_

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

\_\_\_\_\_  
Date