

Clinton Township Zoning
1225 Route 31 Suite 411, Building D
Lebanon, NJ 08833
Phone: (908) 735-8800 Ext. 217 Fax: (908) 735-0759

ZONING PERMIT APPLICATION

Property Owner _____ BLOCK _____ LOT _____
Street Address _____ ZONE _____ ACREAGE _____

INSTRUCTIONS

Print in ink or type; DO NOT USE PENCIL. Please answer all questions. If the answer is "none," STATE "none."

Attach a PLOT PLAN or SURVEY of the property, drawn to scale, showing what exists NOW on the property and what changes you propose to make. Include existing and proposed structures, septic areas, pools, sheds, wall location, paved areas, signs, etc., show the dimensions of each.

If a new residential dwelling is proposed, show the footprint dimensions and the live-in floor area of each floor and each dwelling unit. Livable floor area does not include the floor space taken by basement or cellar and garage.

If the applicant is other than the property owner, an affidavit of ownership may be needed.

Name of Applicant _____ Name of Owner (if different) _____

Address of Applicant _____ Address of Owner (if different) _____

Phone _____ Phone of Owner (if different) _____

Email _____

What is the present use of the principal building?

What is the proposed use of the principal building (complete detailed description)? If additional pages are required, please attach to this form.

What is the present use(s) of any accessory building(s)?

What is the proposed use(s) of any accessory building(s) (complete detailed description)? If additional pages are required, please attach to this form.

Block _____ Lot _____

What is the proposed use(s) of any structure(s) or addition(s) for which a zoning permit is requested?

State whether the property has been the subject of any prior application(s) to the Planning Board/Board of Adjustment. If none, state "None." If so, state nature of application, dates and action(s) of the Board.

ZONING PERMIT APPLICATION

I hereby make application for a Zoning Permit for the changes described above and on the attached PLOT PLAN or SURVEY MAP. I certify that the Plot Plan or Survey accurately represents the current conditions of the above referenced property. I understand that before starting construction, a BUILDING PERMIT may be required. Answers to the above questions and representations made on attachments to this application are true and complete, to the best of my knowledge.

(Date)

(Signature of Applicant)

DO NOT WRITE IN THIS SPACE

ZONING FEE _____ CASH _____ CHECK # _____

Held for: _____ Permit issued: _____ Denial issued: _____

Date: _____ Date: _____ Date: _____

Permit number: _____ Denial number: _____

Signature: _____ Date: _____

(Denise Filardo, Zoning Officer)

Reason for denial: _____

THIS DOCUMENT IS NOT A BUILDING PERMIT

Zoning Approval for Certificate of Occupancy

Signature: _____

Date: _____

(Denise Filardo, Zoning Officer)