

# BOROUGH OF WASHINGTON

100 Belvidere Avenue  
WASHINGTON, NEW JERSEY 07882-1426  
908-689-3600 Ext. 139

Applicant:  
PLEASE use ball point  
pen and press firmly for clarity on  
all sheets.

PERMIT # \_\_\_\_\_  
BLOCK # \_\_\_\_\_  
LOT # \_\_\_\_\_

## APPLICATION FOR ZONING PERMIT

Owner	Name	Address	Telephone (    )
Contractor			(    )
Arch/Eng			(    )
Applicant			(    )

Street Address of Premises for which zoning permit is desired: \_\_\_\_\_  
Describe in detail the activity contemplated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Survey or sketch (must be attached). Note: New developments are required to have surveys.

Sketch: Include lot dimensions, size, height of buildings, line in which any proposed structures is to be erected or altered; existing use or intended use; number of dwelling units; location and number of off street parking and loading spaces; distances of property lines to determine compliance with setback requirements, dimensions of all buildings and other pertinent information requested by the Zoning Office.

Lot Ground Coverage \_\_\_\_\_ Sq. Ft.      Source of Sanitary Waste Disposal: \_\_\_\_\_

Total Floor Area \_\_\_\_\_ Sq. Ft.      Known Chemicals/Haz. Materials \_\_\_\_\_

Have premises been subject to any prior development applications or zoning permit? Yes  No

If yes:            dates \_\_\_\_\_ Board \_\_\_\_\_ Action \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Name of Corporation \_\_\_\_\_

Date \_\_\_\_\_ Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Request for Appeal: The applicant may appeal the decision of the Zoning Office to the Board of Adjustment within 65 days of final action of the Zoning Office. If an appeal is desired you must file three copies of your request for appeal which shall specify the grounds upon which the appeal is being made.

Obtained all other pertinent local clearances \_\_\_\_\_  
Other CONDITIONS of approval: \_\_\_\_\_

WARNING: Violation of permit will result in penalties: Ordinance s \_\_\_\_\_

NOTICE TO BOROUGH ENGINEER: Verification of foundation line on new building for set back for new construction.

Date of Inspection \_\_\_\_\_ Compliance \_\_\_\_\_ Non-Compliance \_\_\_\_\_

If applicant is found in non-compliance-state reason(s) \_\_\_\_\_

Local Clearance Plan Review	PLAN REVIEW AND/OR PERMIT B# _____ L# _____
Zoning Officer _____ Date _____	Address: _____
Other governmental approvals required: D.E.P. <input type="checkbox"/> D.O.T. <input type="checkbox"/>	Commercial \$ _____
Board of Health <input type="checkbox"/> Building Permit <input type="checkbox"/>	Residential \$ _____
County Planning Board <input type="checkbox"/>	Engineer Inspection \$ _____
Certificate of Occupancy <input type="checkbox"/> Continued Certificate of Occupancy <input type="checkbox"/>	\$ _____
Other _____	TOTAL FEE \$ _____
Extension Granted _____	RECEIVED BY _____
	Approved By: _____