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:		Phone:		
Address of Applicant:	Email:			
Name of Owner (if different):		Phone of Owner (if different):		
Address of Owner (if different):	Email:			
What is the present use of the principal building?				
What is the prepared use of the principal building (complete detailed d	o o o rinti	on)? If additional pages are		
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 proposed use(s) of any accessory building(s) (complete de	tailed d	escription \2 If additional		
pages are required, please attach to this form.	italieu u	escription): Il additional		
pages are required, please attach to this form:				

Vhat is the proposed use(s) of any structure(s) or a	addition(s) for w	hich a zoning permit is requested?
	•	• • •	cation(s) to the Planning Board/Board of dates and action(s) of the Board.
	ZONING PER	MIT APPLICA	ATION
SURVEY MAP. I certify the referenced property. I under	at the Plot Plan or Surve stand that before starting co	y accurately rep onstruction, a BUI	ed above and on the attached PLOT PLAN or resents the current conditions of the above ILDING PERMIT may be required. Answers to oplication are true and complete, to the best of
(Date)		(Signature of Applicant)	
	DO NOT WR	ITE IN THIS SF	PACE
	ZONING FEE	CASH	CHECK #
Held for:	Permit issued:		Denial issued:
Date:	Date:		Date:
	Permit number: _		Denial number:
Signature:			Date:
(**	Tom Silvia, Zoning Office	er)	
Reason for approval / c	lenial:		
	THIS DOCUMENT	IS NOT A BU	ILDING PERMIT
	Zoning Approval fo	r Certificate o	f Occupancy
Signature:	n Silvia, Zoning Officer)		Date:
(Tor	n Silvia, Zoning Officer)		