

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 Zoning Officer _____ Date _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">PLAN REVIEW AND/OR PERMIT</td> <td style="width: 30%;">B# _____ L# _____</td> </tr> <tr> <td colspan="2">Address: _____</td> </tr> <tr> <td>Commercial</td> <td>\$ _____</td> </tr> <tr> <td>Residential</td> <td>\$ _____</td> </tr> <tr> <td>Engineer Inspection</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>\$ _____</td> </tr> <tr> <td>TOTAL FEE</td> <td>\$ _____</td> </tr> <tr> <td>RECEIVED BY</td> <td></td> </tr> <tr> <td>Approved By:</td> <td></td> </tr> </table>	PLAN REVIEW AND/OR PERMIT	B# _____ L# _____	Address: _____		Commercial	\$ _____	Residential	\$ _____	Engineer Inspection	\$ _____		\$ _____	TOTAL FEE	\$ _____	RECEIVED BY		Approved By:	
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Other governmental approvals required: D.E.P. <input type="checkbox"/> D.O.T. <input type="checkbox"/> Board of Health <input type="checkbox"/> Building Permit <input type="checkbox"/> County Planning Board <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Continued Certificate of Occupancy <input type="checkbox"/> Other _____																			
Extension Granted _____																			

Applicant Completes

Zoning Officer - Engineer Completes