

**APPLICATION FOR ZONING PERMIT**

Andover Township Municipal Building  
 134 Newton Sparta Road  
 Newton, NJ 07860  
 973-383-4280 x231

Block:

Lot:

**INSTRUCTIONS:**

1. Please use pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none," state "none."
3. Attach a plot plan or survey map 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, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.
4. If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.

Name of Applicant

Name of Owner

Address of Applicant

Address of Owner (if different)

Applicant's Phone:

Owner's Phone:

What is the present use of the principal building?

What is the proposed use of the principal building?

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

What are the proposed uses of any new structures or additions for which a zoning permit is requested?

State whether the property has been the subject of any prior applications to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the actions) of the Board(s).

Address of premises:

Zone

 Wetlands: Yes  No  Flood Zone: Yes  No  Airport Hazard Zone: Yes  No 

*I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.*

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (Individual)*\_\_\_\_\_  
*Name of Corporation or Association*

Attest \_\_\_\_\_

By \_\_\_\_\_

DO NOT WRITE IN THIS SPACE    ( ) Permit Issued    ( ) Denial Issued  
 # \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_  
*Zoning Officer*\_\_\_\_\_  
*Date* SINGLE FAMILY RESIDENTIAL

FEE \_\_\_\_\_

PAID: CHECK # \_\_\_\_\_

 OTHER \_\_\_\_\_  
 SPECIFY \_\_\_\_\_

CASH \_\_\_\_\_