

APPLICATION FOR ZONING PERMIT

ANDOVER TOWNSHIP
 134 NEWTON SPARTA ROAD
 NEWTON, NJ 07860
 (973) 383-4280, EXT. 240 & 231

OFFICE USE ONLY	DATE RECEIVED:	TIME:	BY:
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INSTRUCTIONS

1. Please use ball point 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 all dimensions and the distances from both 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:	
Applicant's E-mail:		Owner's E-mail:	
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 action(s) of the Board.(s).			
Address of Premises:		Block#	Lot#
			Zone
WETLANDS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Flood Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>	Airport Hazard Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>	

I hereby make application for 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: _____

Attest: _____

Signature of Applicant (Individual)

Name of Corporation or Association

By: _____

DO NOT WRITE BELOW THIS LINE

() Permit Issued Permit # _____ () Denial Issued Permit# _____

Zoning Officer: _____ **Date:** _____

Single Family Residential Fee: _____ CHECK# _____