$ 30 RESIDENTIAL
$ 50 COMMERCIAL

CERTIFICATE FOR ZONING PERMIT
TOWNSHIP OF JACKSON
95 W. VETERANS HWY.
JACKSON, NEW JERSEY 08527
(732) 928-1200 EXT. 241

Dig Safely
1 800-272-1000
NEW JERSEY ONE CALL

CALL FOR FREE MARKOUTS BEFORE YOU DIG

BLOCK:_____ LOT:_____ ZONE: _____ TAX MAP PG: _____

SURVEY/SITE PLAN

Attach a copy of your survey showing the block and lot number, dimensions of the lot and lot area, the location and dimensions of all existing structures and the dimensions and location of the proposed structure. If the survey is prepared by other than a licensed surveyor, the applicant must furnish an affidavit stating that all information shown on the survey is correct. (01/09)

TREE REMOVAL REQUIRED? YES NO INITIALS: _____

REQUEST FOR: _____
Variance Building Permit Subdivision Site Plan

PROPOSED USE: _____
Residential Commercial Industrial

PROPOSED IMPROVEMENT (Please Describe): _____

_____

_____

SUBDIVISION NAME & SECTION _____ HOUSE MODEL _____

OWNER _____

MAILING ADDRESS _____

WORK SITE ADDRESS _____PHONE NO. _____
(If different than mailing address)

REQUESTED BY: _____/_____
(Please print) (Signature)

COMPANY/AFFILIATION _____
(If applicable)

FEE PAID: _____ CASH/CHECK: _____ DATE: _____

RECEIPT # : _____ RECEIVED BY: _____

DO NOT WRITE BELOW/ FOR OFFICIAL USE ONLY

VARIANCES REQUIRED: _____

CONDITIONAL USE PERMIT: _____

SPECIAL REASON: _____

BULK AREA: _____

MISC: _____

USE PERMITTED: ( ) YES ( ) NO ( )ACC ( )*SUP

NON-CONFORMING: ( ) USE ( ) BUILDING ( ) LOT

ACTION REQUIRED: ( ) B.O.A ( ) PLANNING BD. ( ) ZONING OFFICER

( ) CONDITIONAL USE PERMIT ( ) SPECIAL REASONS VARIANCE( ) SITE PLAN

CONDITIONS OF APPROVAL: _____

_____

_____

PRELIMINARY APP DATE: _____ FINAL APP DATE: _____

SUBJECT TO DEVELOPMENT FEE (from 4/26/93 to 9/11/06)_____

SUBJECT TO ROUND THREE COAH FEE (after 9/12/06) _____

APPLICATION REVIEWED BY: _____DATE:_____
Zoning Officer