



CITY OF ELIZABETH
DEPARTMENT OF PLANNING AND COMMUNITY
DEVELOPMENT
BUREAU OF CONSTRUCTION AND ZONING
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ZONING PERMIT APPLICATION

WORKSITE: _____

1 or 2 Family Home: (\$20) All other uses (\$100), specify: _____

APPLICANT: _____ Owner or Agent/Tenant

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Description of Project/Use (be specific):

See instructions on rear of application and be sure include a copy of your survey and/or a property card.

CERTIFICATION:

I hereby certify that I am either the legal property owner or an authorized agent of the owner to make this application. I understand that if any of the above statements are willfully false, I am subject to punishment.

 Applicant's Signature

 Date

<u>Office Use Only</u>	
AMOUNT PAID: \$	_____
CHECK # :	_____
DATE REC'D:	_____
REC'D. BY:	_____
CONTROL #: Z	_____
ZONE:	_____