Township of Union

BUILDING DEPARTMENT
ZONING PERMIT APPLICATION

Owner's Information		Contractor Information	
Last Name:	First Name:	Name of Business:	
Block #:	Lot #:	License #:	Federal #:
Address:		Phone Number:	
Phone Number: _____ Email address: _____		Contractor's Address:	

Type of Application	Specifications/Dimensions	Remarks (Explain proposed work)
☐ NEW HOME ☐ ADDITION AND/OR ALTERATION ☐ DECK ☐ POOL ☐ FENCE ☐ SHED ☐ DRIVEWAY EXPANSION ☐ OTHER_____ _____	Height: _____ Length: _____ Width: _____ Material: _____ Other: _____	_____ _____ _____ _____ - **Please submit a current survey (to scale) with this form showing the proposed work. Show complete dimensions** - **If alteration is more than 50 percent of value of structure (s), then all current zoning requirements would apply.** - PERMIT FEE $30

HAS THIS PREMISES BEEN SUBJECT TO ANY PRIOR ACTION BY THE UNION PLANNING BOARD OR BOARD OF ADJUSTMENTS?
☐ Yes ☐ No

If Yes, Explain and provide Planning Board or Board of Adjustment Application Number and/or Resolution of approval.

Please include a copy of your property survey drawn to an accurate scale showing your requested improvement(s)

Signature of Property owner		Date of Application	

FOR OFFICIAL USE ONLY

ZONING OFFICIAL / BUILDING DEPT.		Approved Denied	Date	

If denied, Reason for Denial:

Applicant was notified of Approval or Denial ☐ Yes ☐ No | Date

Method of Notification: ☐ Phone ☐ Mail ☐ Fax ☐ Email ☐

If Application was Denied, was application sent to the ☐ Planning Board ☐ Board of Adjustments

Official Remarks:

CHECK OUR ZONING ORDINANCE ONLINE AT WWW.UNIONTOWNSHIP.COM