

# BOROUGH OF SPRING LAKE HEIGHTS

555 Brighton Avenue

Spring Lake Heights, New Jersey 07762

Phone: 732-449-3500 Fax 732-449-3535

## Application for Zoning Permit

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

Application is hereby made to the Zoning Officer for Permit to: commence and/or change a use; erect, construct, reconstruct, alter or convert a structure; as required by the "Municipal Land Use Ordinance".

PROPERTY ADDRESS

OWNERS NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PHONE \_\_\_\_\_

ZONE \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

PRIOR USE \_\_\_\_\_

DESCRIPTION OF DEVELOPMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications shall include a survey showing: all buildings, dimensions, setbacks, location and dimension of fences, pools and access buildings-location of adjacent property and buildings-location of number of parking spaces and curb access- ways and other supporting data.

Manufacturing: light or craft work \_\_\_\_\_

Storage or use of combustibles \_\_\_\_\_

Sewer connection in \_\_\_\_\_ Water Meter in \_\_\_\_\_

Signs: Building Mounted \_\_\_\_\_ Free Standing \_\_\_\_\_

Will require Permits: Construction \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

Health \_\_\_\_\_ Fire Dept. (Combustibles) \_\_\_\_\_ Demolition \_\_\_\_\_

Planning Board Action Received \_\_\_\_\_ Date \_\_\_\_\_

Zoning Board Action Received \_\_\_\_\_ Date \_\_\_\_\_

Site Plan Review Required \_\_\_\_\_

Certificate of Occupancy Required (Use or Construction) \_\_\_\_\_

PERMIT FEE \$10.00 Date \_\_\_\_\_ Check # or Cash \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature