

**TOWNSHIP OF PILESGROVE  
APPLICATION FOR ZONING PERMIT**

(REVISED 02/12/08)

**1) PERMIT REQUESTED FOR:**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_ BEDROOMS: \_\_\_\_\_

STREET: \_\_\_\_\_

**2) APPLICANT:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ZONING OFFICE USE ONLY**

**FEE:** \$ \_\_\_\_\_ **CASH:**  **CHECK#:** \_\_\_\_\_

**COLLECTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED:**  **DENIED:**  **PERMIT#:** \_\_\_\_\_

\_\_\_\_\_  
**ROBERT SCHMID,  
ZONING OFFICER**

\_\_\_\_\_  
**DATE**

3) **OWNER:** SAME AS APPLICANT:

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4) **DESCRIPTION (INCLUDE ALL DIMENSIONS) OF PROPOSED IMPROVEMENTS & INTENDED USE:**

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5) **HAS A VARIANCE BEEN ISSUED FOR THIS PROPERTY?**

YES:  NO:

IF YES, INCLUDE APPROVED SITE PLAN AND/OR RESOLUTION.

6) **ARE WETLANDS LOCATED ON THE PROPERTY?**

YES:  NO:

7) **THIS APPLICATION SHALL INCLUDE A NJ LICENSED LAND SURVEY, IF AVAILABLE, CLEARLY DETAILED SHOWING ALL EXSISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, SETBACKS AND RECORDED EASEMENTS. IN CERTAIN SITUATIONS A LAND SURVEY MAYBE REQUIRED.**

ALL INFORMATION SUPPLIED HEREIN IS CONSIDERED TO BE MATERIAL FACTS, AND MISREPRESENTATION SHALL BE SUFFICIENT CAUSE FOR DENIAL OF THIS APPLICATION OR REVOCATION OF ANY PERMIT(S) PREVIOUSLY ISSUED.

***PLEASE NOTE: PURSUANT TO NJ STATE STATUTE SECTION 40:55-18 THE ZONING OFFICIAL HAS TEN (10) BUSINESS DAYS TO RESPOND TO YOUR APPLICATION.***

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**