

**TOWNSHIP OF PILESGROVE
ZONING PERMIT APPLICATION**

(REVISED 11/14/08)

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#: _____ AP#: _____

**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 (E.G. DECK 10' X 10' X 2' H FOR RECREATIONAL USE):**

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

YES: NO:

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

6) **IS THIS PROPERTY GOVERNED BY A HOME OWNERS ASSOCIATION?**

YES: NO:

IF YES, PLEASE INCLUDE A NOTARIZED LETTER FROM AN OFFICER OF THE ASSOCIATION APPROVING THE PROPOSED PROJECT IN QUESTION #4 ABOVE.

THIS APPLICATION SHALL INCLUDE A PLOT PLAN OR NJ LICENSED LAND SURVEY IF AVAILABLE, CLEARLY DETAILED SHOWING ALL EXSISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, SETBACKS AND RECORDED EASEMENTS. IN CERTAIN SITUATIONS A NJ LICENSED 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