

IMPORTANT: A survey **MUST** be submitted with this application showing the size and location of the lot, the dimensions and locations of the proposed building or structure on the lot, building set back, dimensions of rear and side yards, and the dimensions and locations of the existing buildings or structures on the lot. **\$25.00 & a "to-scale" survey to accompany this form.**



BOROUGH OF SOUTH PLAINFIELD RESIDENTIAL ZONING PERMIT

NO: _____

PROPERTY: _____ BLOCK: _____ LOT: _____ ZONE: _____

- Minor Residential Alterations (sheds; decks, pools etc)
- Additions
- New Single Family Dwelling Construction
- Minor Alterations to Multi-Family

1) Applicant's Name: _____ Telephone: _____
Applicant's Address: _____

2) Owner's Name: _____ Telephone: _____
Owner's Address: _____

3) Present Use of Property: _____ Proposed Use of Property: _____

4) What is proposed size of new work? _____ Size of lot on which application is made (from survey): _____

5) Describe proposed changes to existing structures, if any: _____

6) Describe in detail the activity to be conducted in principal building/structure: _____

7) Describe in detail any accessory uses to be conducted in any of the accessory building/structure(s): _____

8) State whether any of the activities described in Nos. 6 and/or 7 above are conducted as a non-conforming use or are located in any easement/drainage way/right-of-way: _____

Is so, state facts supporting this contention: _____

9) Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to the Applicant's knowledge? Yes No If yes, state date: _____
Board: _____ Disposition of Application: _____ Resolution # _____

I (we) hereby declare and represent to the Borough of South Plainfield that the statements made by me (us) in this application are true and within my (our) knowledge; and that this application meets all the conditions as set forth in both the Sub-Division Ordinance and the Zoning Ordinance of the Borough of South Plainfield and such statements are made for the purpose of inducing the Zoning Official to issue a Zoning Permit.

Signature of Applicant

Date

Signature of Owner

Date

Zoning Official

Date of Approval

NOTE: This application shall not be accepted unless it is filled out completely. This permit becomes valid when countersigned by the Zoning Official. This application will be either granted or denied within ten (10) days of the dated request.