ZONING PERMIT APPLICATION

Plumsted Township
121 Evergreen Rd.
New Egypt, NJ 08533
609-758-2241 Ext. 105
taco@plumsted.org

Please complete all of the information as it applies to your project. Return the completed form with a copy of your property survey and **payment of $30.00** in cash or check made payable to Plumsted Township.

ADDRESS: _____ BLOCK: _____

ZONE: _____ LOT: _____

EXISTING USE: _____

PROPOSED IMPROVEMENTS AND/OR USE (be specific): _____

_____

CERTIFICATE OF OCCUPANCY

___ Tenant Fit-Out ___ Change of Use ___ Change of Owner ___ Change of Occupancy

BUILDING PERMIT (scaled copy of survey with sketch is required)

___ Fence ___ Deck/Patio ___ New Dwelling ___ Accessory Use ___ Shed
___ Pool/Hot Tub ___ Addition ___Other: _____

SIZE: _____' X _____' HEIGHT: _____' DEPTH: _____'
LENGTH WIDTH

SETBACKS: FRONT: _____' REAR: _____' SIDE: _____' BOTH SIDES: _____'

Is the lot an inside or corner lot? _____ inside lot _____ corner lot

Will Trees be removed? _____ YES _____NO If yes, how many? _____# of Trees

Was Land Use Board approval required for this improvement and/or property? _____Yes _____No
If yes, what is the application no.: _____ Date approved: _____

ROOF MOUNTED SOLAR
Height: _____' Roof Area of Principal Structure: _____
GROUND MOUNTED SOLAR
Height: _____'

Percentage of impervious lot coverage (prevents water from passing through ie: structures, sidewalks, driveways, pool, decks, concrete patio, not pavers set in sand without cement)
Lot size: Width: _____ Depth: _____ Square Footage: _____
Existing Lot Coverage: _____sq. ft. + Proposed Lot Coverage: _____ sq. ft. = Total _____sq. ft. _____%

APPLICANT: _____ Same as Owner	OWNER:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
EMAIL: _____	EMAIL: _____
PHONE: _____	PHONE: _____

I hereby certify that I am the owner in fee of the above property or the agent of the owner with the owner's authorization to make application on his/her behalf for the proposed work. I also agree to conform to all applicable Plumsted Township Codes related to this project and certify that to the best of my knowledge the information I provided on this application and supporting documentation are true and accurate. I also understand that false or misleading information is cause to revoke the Zoning Application in addition to any construction permits issued for this proposed work.

Date: _____ Applicant Signature: _____
(Owner(s) in fee or Agent)

OFFICE USE ONLY

ZONING OFFICER: _____ DATE: _____

APPROVED: _____ DENIED: _____ CONDITIONAL: _____ ZONE: _____

REASON FOR DENIAL: _____

CONDITIONS OF APPROVAL: _____

COMMENTS: _____