

Date of Application _____

**BOROUGH OF PENNINGTON
ZONING PERMIT APPLICATION**

Fee: _____

See fee schedule attached

Date Paid _____

Please email the zoning permit to the Land Use Administrator, planning@penningtonboro.org with the survey/plot plan and all other items and two (2) hard copies of the entirety to Borough Hall, 30 N. Main Street, Pennington, NJ 08534.

215-5: Zoning permits shall hereafter be secured from the Zoning Officer prior to the issuance of a building permit for the construction, erection, alteration of any structure or part of a structure or upon a change in the use of land or a structure.

Please include with this application a plot plan showing existing and proposed conditions.

Owner: _____ Phone number: _____ email: _____

Property Location: _____ Block: _____ Lot: _____

Lot Area: _____ (square feet or acres) Lot Width: _____ (feet) Lot Depth: _____ (feet)

Present Zoning Classification: _____ Is this property in the Historic District? (see following link) _____

<https://www.penningtonboro.org/DocumentCenter/View/229/Pennington-Historic-District-Map-PDF>

Work to be done or proposed use: _____

Fences must be installed "Good" side out. For Non-residential Change of Use or Change of Occupancy, please complete page 2

For new construction, alterations or additions:

	Existing	Proposed	Zone Requirements (Borough Code section 215, Attachment 2 or 3)
Front Setback (feet)			
Rear setback (feet)			
Distance from left property line (feet)			
Distance from right property line (feet)			
Building height (feet)			
% of lot coverage			
Floor area ratio			
Gross floor area			

For Borough Use Only:

I hereby certify that the above information & the attached plot plan are true and correct.

Name of Applicant

Signature of Applicant

Email: _____

Phone: _____

Zoning Approved _____

Zoning Denied _____ Reason: _____

Zoning Officer Signature Date

BOROUGH OF PENNINGTON

ZONING PERMIT APPLICATION

For Change of Use ☐ or Change of Occupancy ☐ (check applicable change)

Please check and describe all that apply

☐ Retail Sales

Type of Products:

☐ Professional Office

Describe:

☐ Business Office

Describe:

☐ Service Establishment

Describe:

☐ Other

Describe:

Hours & Days of Operation

Number of Employees per shift _____

Number of Weekly Customers _____

Number of Weekly Deliveries _____

Other: _____

Square Footage to be occupied: _____

Will this business involve the use or handling of any hazardous materials? Yes ☐ No ☐

If Yes, please explain _____

If Yes, does Federal or State law require special registration? Yes ☐ No ☐

If Yes, please explain _____

Proposed Signage _____

Check any areas of water usage *Check with Public Works if a sewer permit is necessary per 159.13* (609-737-9440)

☐ Kitchen

☐ Bathroom(s)

☐ Utility Sink(s)

☐ Grease Trap

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FEES § 98-11

Residential

Fence	\$28
Principal Use	\$66
Accessory Use	\$33

Commercial

Fence	\$55
Principal Use	\$165
Accessory Use	\$66

Signs § 325-47 \$25

Temporary Activity Permit \$55

Residential Conversion \$110