Borough of Ocean Gate

801 Ocean Gate Ave, CN100 – Ocean Gate, NJ 08740
(732) 269 – 3166 x129 ogcode@oceangatenjgov.com

ZONING PERMIT

submit with copy of plot plan or survey marked depicting proposal

Date: _____ **ZONING PERMIT #**_____

Block: _____ **Lot:** _____ **Zoning Fee Paid: ( ) $25 ( ) $35 ( ) $50 ( ) $100** **Check #:** _____

Zone:_____

Existing Use: _____ **Proposed Use:** _____

Site Address: _____

Name of Owner: _____ **EMAIL:** _____ **Phone:**_____

Description: _____

_____

_____ _____

APPLICANT SIGNATURE **DATE**

Which is a: **OFFICE USE**

( ) USE PERMITTED BY ORDINANCE.

( ) STRUCTURE PERMITTED BY ORDINANCE.

( ) USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS

( ) VALID NONCONFORMING USE AS ESTABLISHED BY:

- ( ) FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR
- ( ) BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

( ) VALID NONCONFORMING EXISTING STRUCTURE:

- ( ) FRONT YARD ( ) REAR YARD ( ) SIDE YARD ( ) SIDE YARD COMBINED
- ( ) OTHER (SPECIFY) _____

( ) Other: _____

Tree Removal: _____

Curb # _____

Flood Permit:( ) Substantial Damage Improvement ( ) Not Substantial Damage Improvement

Site Improvements: _____

Approved ☐ Denied ☐ _____

Flood Plain Manager

Special Conditions:

( ) AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL

( ) ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: _____

_____

_____

_____

( ) APPROVED ( ) FINAL ZONING APPROVAL

( ) DENIED (see attached)

_____ _____

ZONING OFFICER DATE