

**BOROUGH OF
EAST RUTHERFORD, Bergen County**

199 Paterson Avenue
East Rutherford, NJ 07073
Tel: (201) 933-5649
Fax (201) 933-6094



CONSTRUCTION OFFICE

Residential Application for Zoning Approval

Application is hereby made by the undersigned for a Zoning Certificate to be issued in accordance with the requirements of the Borough of East Rutherford. All plans, drawings, surveys and other documents submitted with this Application are deemed to be part of this Application. The undersigned hereby agrees to comply with all of the Ordinances or Regulations, of the Borough of East Rutherford. If any use or building or structure applied for herein shall be in violation of the aforesaid Ordinances or Regulations, the Zoning Officer shall have the right to stop such use or work on the premises until such violations shall have been corrected and there shall be no liability of the Borough of East Rutherford because of such stoppage.

Property Address: _____ Block: _____ Lot: _____

Applicant Information: _____

Name: _____ Contact Number: _____

Address: _____

Property Owner Information: (if different from applicant) ☐ same as above

Name: _____ Contact Number: _____

Address: _____

Zone: _____

Current Use: _____

Intended Use: _____

Explain in detail the proposed construction: _____

For Office Use Only
Fee Paid:
☐ YES ☐ NO

Size of New Construction _____ sq. ft. (Attach survey showing present condition and proposed construction)

CERTIFICATION OF APPLICANT

Print Your Name

_____, being of full age, certify as follows:

I am the owner of the property above or, in the alternative I have permission from the owner to make this application. The use of the property and occupancy of the property will be in accordance with all of the Ordinance and Regulations of the Borough of East Rutherford and all other authorities.

I certify that the above statements and the statements in this Application and any attachments hereto are true to the best of my knowledge. I am aware that if they are willful false I am subject to punishment.

Dated: _____

Signature of Applicant

APPROVED

Zoning Officer

Denial of Zoning Certificate (if applicable)

The Zoning Certificate is denied for the following reasons: _____
