ZONING APPLICATION
LONG BEACH TOWNSHIP

DATE_____

NAME_____ ADDRESS_____

BLOCK_____ LOT_____ USE_____

WORK DESCRIPTION:_____

_____

CHECK ONE: ☐ SINGLE FAMILY ☐ DUPLEX ☐ OTHER (EXPLAIN)_____

DO NOT WRITE BELOW THIS LINE

FEE $_____ ZONE _____ PERMIT #_____

MINIMUM REQUIREMENTS		PROPOSED	AS BUILT
LOT SIZE		LS	LS
F		F	F
R		R	R
S		S	S
ADJ		ADJ	ADJ
HEIGHT	MAX.	H	H
% COVERAGE	MAX.		
SLAB ELEVATION	MIN.		
IMP COV	MAX.		
FRONT IMP COV			
FLOOD ZONE		FF	

AS BUILT PLOT PLAN REQUIRED ☐ YES ☐ NO

UPDATED EC REQUIRED ☐ YES ☐ NO

CURB REQUIRED ☐ YES ☐ NO

REMARKS:_____

_____

_____

_____

REVIEW DATE_____

_____ PERMIT DATE_____

ZONING OFFICER

DENIED DATE_____

WHITE - ZONING OFFICER'S COPY CANARY - APPLICANT'S COPY