# ZONING INQUIRY REQUEST FORM

TOWNSHIP OFJACKSON
65 DON CONNOR BLVD, JACKSON, NEW JERSEY 08527
MAILING: 95 W. VETERANS HWY, JACKSON, NEW JERSEY 08527
**T** (732)928-1200 EXT. 1251 **F** (732)928-1397

Block: _____ Lot: _____ Area: _____

Parcel Address: _____

Requestor(s): _____

Company / Affiliation: _____

Email: _____

***NOTE: THIS FORM IS INTENDED TO RELAY CURRENT ZONING INFORMATION REGARDING A SPECIFIC ZONE OR PARCEL IN AN ORGANIZED MANNER.***

***THIS FORM IS NOT INTENDED TO REPLACE THE PROPER CERTIFICATE OF ZONING DEVELOPMENT PERMIT PROCESS NOR IS THE INTENT OF THIS COURTESY TO SUPERCEDE ANY PARTS OR PROCESSES REGARDING ANY OPEN PUBLIC RECORDS ACT REQUIREMENTS.***

*By signing below, you are acknowledging your understanding & agreement of same.*

Sign: _____

Print name (clearly): _____

Please specify information being requested:

- CURRENT ZONING DESIGNATION
- CURRENT USE OF PARCEL
- APPLICABLE ZONE REGULATIONS
- BULK REGULATIONS (SETBACKS, HEIGHT LIMITS, BUILDING & IMPERVIOUS COVERAGE MAXIMUMS ETC.)
- PERMITTED ACCESSORY USES
- PERMITTED ACCESSORY USE BULK REGULATIONS
- PERMITTED PRINCIPLE USES
- PERMITTED CONDITIONAL USES
- OTHER: (BE AS SPECIFIC AS POSSIBLE)

_____
_____

_____
_____
_____

**REQUESTS WILL BE RESPONDED TO VIA E-MAIL - PLEASE BE ADVISED THAT WHILE REQUESTS MAY BE RESPONDED TO EARLIER - PLEASE ALLOW 20 BUSINESS DAYS TO FULFILL ZONING INQUIRY REQUESTS.**

***********************DO NOT WRITE BELOW/FOR OFFICIAL USE ONLY***********************

Date Received: _____ Received by: _____