



BOROUGH of ROSELAND

300 Eagle Rock Avenue, Roseland, NJ 07068

www.roselandnj.org

MAYOR JAMES R. SPANGO

James Campbell - Zoning Officer

Telephone: (973) 403-6071

Zoning@RoselandNJ.org

Residential Zoning Permit Application

WORKSITE LOCATION

Address: _____

Block: _____ Lot: _____ Qualifier: _____ Zone: _____

CONTRACTOR

Name: _____

Address: _____

Phone No: _____ Email: _____

PROPERTY OWNER

Name: _____

Address: _____

Phone No: _____ Email: _____

REASON FOR APPLICATION

- | | | | | |
|--|--|---|---------------------------------------|-------------------------------|
| ☐ New Structure | ☐ Addition | ☐ Alteration | ☐ Fence | ☐ Shed |
| ☐ Generator | ☐ Pool / Hot Tub | ☐ Retaining Wall | ☐ Garage | ☐ Sign |
| ☐ Deck / Porch | ☐ Patio / Walkway | ☐ Driveway | ☐ Solar System | ☐ HVAC |
| ☐ Other: _____ | | | | |

- A property survey **MUST** be provided showing the location of proposed work.

PROPOSED WORK

FENCE: The fence must be located entirely within the property. Where any fence is discernible as having a finished or good side, said fence shall be installed with the finished or good side facing the abutting property.

Height in Feet: _____ **Type:** _____ (Chain-link, stockade, picket, vinyl, etc.)

Fence will be installed in (check all that apply): ☐ Front Yard ☐ Rear Yard ☐ Side Yard

ACCESSORY STRUCTURE: The total number of accessory structures per single-family lot shall not exceed three. Where an accessory structure is attached to a principal structure by any means, such accessory structure shall be considered part of the principal structure for the purposes of determining height and setback requirements.

Height in Feet: _____ **Size (Length x Width):** _____

Distance from Property Line: _____ (A shed shall be at least 5 feet, all other structures at least 10 feet)

LOT COVERAGE

Building Coverage: List all EXISTING structures on the lot that have a roof, and the square footage of the ground floor for each including houses, sheds, covered porches, decks, etc.

Structure: _____	Sq. Ft. _____	Structure: _____	Sq. Ft. _____
Structure: _____	Sq. Ft. _____	Structure: _____	Sq. Ft. _____
Structure: _____	Sq. Ft. _____	Structure: _____	Sq. Ft. _____

Total **Existing** Building Coverage: _____ Sq. Ft.

Building Coverage to be Added: + _____ Sq. Ft.

Total: _____ Sq. Ft.

Impervious Coverage: List ALL compacted or covered areas and their square footage (includes compacted or covered areas with material, building, structure that is resistant to infiltration by water, parking areas, driveways, porches, patios, decks, pools, walkways, retention and detention basins, etc.)

Structure: _____	Sq. Ft. _____	Structure: _____	Sq. Ft. _____
Structure: _____	Sq. Ft. _____	Structure: _____	Sq. Ft. _____
Structure: _____	Sq. Ft. _____	Structure: _____	Sq. Ft. _____

Total **Existing** Impervious Coverage: _____ Sq. Ft.

Impervious Coverage to be Added: + _____ Sq. Ft.

Total: _____ Sq. Ft.

NOTES

- **The Application fee of \$50** can be paid exact change cash or check made payable to **“Borough of Roseland”**.
- You may still need to apply for and obtain other items such as a Construction Permit, Soil Moving Permit, Tree Removal Permit, Dumpster Permit, Engineering approval, or other local, county, state, or federal permission.

CERTIFICATIONS

By affixing my signature below, I certify that the statements and the information submitted herein are true. I further certify that I am the individual property owner, or, if I am not the property owner that I have the consent of the property owner to make this application and that the property owner has full knowledge of the details of this application being submitted.

I hereby grant permission to the Zoning Department to enter the subject premises for the review of and inspections pertaining to this application until the permit has been found to be in compliance with the Borough Ordinances, and satisfactorily closed.

I understand that I must call for a Final Inspection of this Zoning Permit once the work has been completed. To request the Final Inspection, I will call (973) 403-6046.

Any incorrect or falsified information will render this application, and any approvals associated therewith, invalid and void.

_____ Name of Applicant	_____ Signature of Applicant	_____ Date
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OFFICE USE ONLY

Received On: _____ Received By: _____ ☐ Cash Check No: _____

☐ No Plans Required ☐ All Plans _____ ☐ Survey _____ ☐ Architectural _____

☐ Building Dept. Plan Review _____ ☐ Engineering Plan Review _____

Permit: ☐ Approved ☐ Approved w/ Conditions By: _____ Date: _____

Conditions: _____

☐ Denied ☐ By: _____ Date: _____

Reasons: _____

Inspection: ☐ Approved ☐ Denied By: _____ Date: _____

Certificate Issued: By: _____ Date: _____