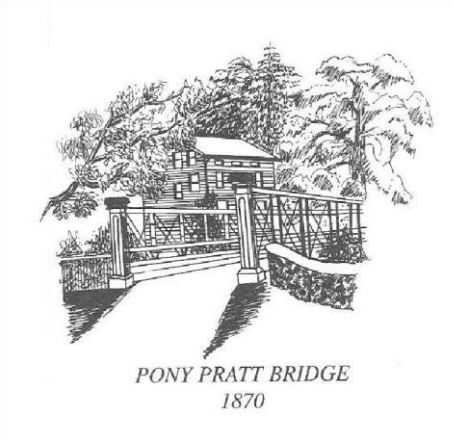

BOROUGH OF GLEN GARDNER
83 MAIN STREET // PO BOX 307
GLEN GARDNER, NEW JERSEY 08826

Ph: (908) 537-2110
Fax: (908) 537-7026

ZONING CLEARANCE APPLICATION

Mail or drop-off application with $50 check and a copy of survey indicating location of proposed project.

Name of Applicant: _____

Address of Applicant: _____

Applicant Phone #: _____ E-mail Address _____

Name/Address/Phone # of Owner, ***if Different than Applicant***:
_____

Block: _____ Lot: _____

Street Address of Premises for Zoning Permit: _____

Dimensions of Principal Building: _____

Dimensions of Accessory Building(s): _____

Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings:

_____
_____
_____
_____
_____
_____
_____

To the applicant's knowledge, have the premises been the subject of any prior application to the Planning Board?

Yes _____ No _____ If yes, describe: _____

_____

Date: _____

Applicant Signature: _____

Name of Corporation or Association: _____

Mail or Drop Off Application with $50 check and a copy of survey indicating location of proposed project.

(*For Office use only*)

Date Received by Zoning Officer: _____

Zoning Officer Signature: _____