CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURYPARK.COM

Zoning Permit Application

Zoning Control#_____

ALL INFORMATION MUST BE FILLED OUT FOR APPLICATION TO BE ACCEPTED.

Work Site Address:_____Asbury Park, NJ 07712

Block:_____ Lot _____

Applicant Name:_____

Address _____ City _____ State_____ Zip_____

Phone:_____Fax:_____Email: _____

Property Owner Name (If different):_____

Address _____ City _____ State_____ Zip_____

Phone:_____Fax:_____Email: _____

Applicant's Affiliation to Property Owner (Check One): □Same □Tenant □Agent □Contract Purchaser

Existing use:_____ Proposed use:_____ Zone_____
(Single Family, 2 family, Retail, Office, etc.)

Is structure currently vacant and/or boarded? ☐Yes ☐No If YES, for how long? _____

Completely describe the proposed construction, alteration or renovation project (use back of form if necessary). A current Property Survey is required for all construction, replacements and modifications.
YOU MUST ALSO SUBMIT A DIGITAL COPY (pdf) OF ALL PLANS TO: morgan.astorino@cityofasburypark.com

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Note: THIS IS NOT AN APPLICATION FOR CONSTRUCTION PERMIT. A construction permit may be required. Work without a permit from the construction code official could result in substantial fines.

I acknowledge that a Zoning Permit is issued based solely on the information presented to the Zoning Officer on this application. I further acknowledge that if the information is incomplete or misleading, the Zoning permit may be revoked and I will be subject to possible penalties in accordance with the City of Asbury Park Land Development Ordinance.

Applicant's signature _____ **Date**_____

Property owner's signature_____ **Date** _____

Fee: $40.00 Additional fees may be required for a construction permit.

Date paid: / /	Cash / Check / M.O.#	Received by: