BLOCK _____ LOT _____ SITE ADDRESS _____ PERMIT NO. _____

FENCE PERMIT NO. _____

TOWNSHIP OF STAFFORD ZONING PERMIT APPLICATION

Proposed Work Site: _____

Name of Owner: _____ Owner's Telephone #: _____

Owner's Mailing Address: _____

Name of Applicant: _____ Applicant's Telephone #: _____

Applicant's Mailing Address: _____

Contact Person: _____ Telephone #: _____ E-mail: _____

Existing Use: _____ Proposed Use: _____

Description of Work: _____

THE FOLLOWING MUST BE COMPLETED IF THE PROPOSED WORK SITE IS LOCATED IN THE TOWNSHIP'S SPECIAL FLOOD HAZARD AREA

Existing First Floor Elevation: _____ (A Zones)

Proposed First Floor Elevation: _____ (A Zones)

Existing Lowest Structural Member: _____ (V Zones)

Proposed Lowest Structural Member: _____ (V Zones)

Cost of Work (Labor & Materials): $_____

Fair Market Value of Principal Structure (TO BE FILLED OUT BY STAFF): $_____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY

ZONING PERMIT FEE $25.00 CHECK/MO_____

FENCING PERMIT FEE $25.00 CHECK/MO_____

GRADING: PERMIT FEE $25.00 CHECK/MO_____

INSPECTION FEE $450.00 CHECK/MO_____

INSPECTION # _____

CURBING: PERMIT FEE $15.00 CHECK/MO_____

INSPECTION FEE $75.00 CHECK/MO_____

INSPECTION # _____

ZONING RE-INSPECTION $15.00 CHECK /MO _____ DATE_____

CURB RE-INSPECTION $45.00 CHECK/MO _____ DATE _____

PERFORMANCE GUARANTEE - CURB_____CHECK/MO _____DATE _____

PERFORMANCE GUARANTEE - TREES_____CHECK/MO _____DATE _____

TREE RE-INSPECTION FEE_____CHECK/MO _____DATE _____