Township of Warren

Somerset County
46 Mountain Boulevard Warren, New Jersey 07059
(908) 753-8000 • Fax: (908) 757-9173 • www.warrennj.org

NAME OF OWNER _____

WORK SITE ADDRESS _____

BLOCK _____ LOT _____

( ) I HEREBY CERTIFY that all Real Estate Taxes and Special Assessments on the above property are paid to date.

( ) Real Estate taxes and Special Assessments ARE DELINQUENT as follows:

_____

_____

_____

_____

_____ _____

TAX OFFICE DATE

TOWNSHIP OF WARREN
ZONING PERMIT APPLICATION
NEW CONSTRUCTION, ADDITIONS OR ALTERATIONS

Block: _____ Lot: _____ Permit # _____

Worksite Address: _____

Owner's Name: _____

Address: _____

Daytime Contact: _____

IF THIS APPLICATION WAS APPROVED BY THE PLANNING BOARD, ZONING BOARD, OR A SITE PLAN WAIVER, THE RESOLUTION OR WAIVER MUST BE INCLUDED IN THE APPLICATION.

Non-residential use permit is requested for: (name of business) _____

- present and proposed use of property: _____
- new construction – site plan, survey and floor plans required
- for interior alterations – survey and floor plans required

Residential permit is requested for:

_____ New House – survey and floor plans _____
_____ Master or Proto-Type _____ Subdivision Name _____
_____ New Deck, extension of existing – indicate size of deck _____
_____ Pool – Inground or above, type of fencing or other safeguard enclosure
_____ Addition – Explain use and submit floor plans
_____ Porch – Include impervious coverage _____
_____ Demolition (explain)
_____ Other (explain)

A survey or qualified plot plan with all setbacks noted, lot coverage and F.A.R. calculation, if applicable, is required or the application will be deemed incomplete.

_____

PRINT CLEARLY THE NAME OR OWNER OR REPRESENTATIVE DATE

_____

SIGNATURE

_____

ZONING OFFICER APPROVAL (OFFICIAL USE ONLY)

_____

COMMENTS

A ZONING PERMIT IS VALID FOR 1 (ONE) YEAR FROM THE DATE OF ISSUANCE.

FEE $25.00 Check # _____ DATE _____