



Zoning Permit Application

Township of Millburn
Office of Planning & Zoning
22 East Willow St.
Millburn, NJ 07041
(973)-564-7752

OFFICE USE ONLY

Date Received: _____ Zoning App. No.: _____

All information within this application must be complete and compliant with all submission requirements in order to be considered.

APPLICATION TYPE

Residential - Fee \$50.00

Accessory Structure
Fence
Driveway / Walkway / Patio
AC / Generator
Solar Panels
Resolution Compliance
POD (or similar)

Non-Residential / Commercial - Fee \$100.00

Accessory Structure
Interior
Driveway / Parking Lot / Walkway / Patio
Occupancy / Tenant Fit-Out
Confirmation of Use
Sign / Awning
Resolution Compliance

OFFICE USE ONLY Approval Status

Accessory Structure Type: _____
Includes the following: Deck, Detached Garage, Pool, Shed, Patio, etc.

Other: _____

PLEASE PRINT CLEARLY

Subject Property Address	Block	Lot	Zone District	Historic District	If Yes, District:
_____	_____	_____	_____	Yes No	_____

Applicant Name (can be property owner, contractor, etc.): _____

Applicant Address: _____

Phone: _____ Email: _____

Property Owners Name (if different): _____

Property Owners Address: _____

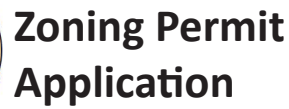
Phone: _____ Email: _____

To ensure timely processing, please complete the checklist below:

Both sides of this application have been completed in full.

Two (2) copies of the current property survey (no more than 10 years old) have been provided:
One copy is a clean original that reflects *all existing conditions* on subject property (sheds, patios, walkways, etc.) The second copy shows *all proposed improvements* accurately illustrated (digitally or by hand) with distances to property lines and/or principal structure indicated.

Payment has been provided (cash or check). Checks shall be made payable to the "Township of Millburn".



Project Details

Any increase in impervious coverage greater than 200 ft² will require Engineering review and stormwater detention.

If Yes, provide date approved: _____ Resolution No.: _____

Property Owner Name (Please Print): _____

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