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

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

OFFICE USE ONLY
Approval Status

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".*

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Project Details

Describe *all proposed work* to be completed, or list the *proposed business services* to be offered:

_____

_____

_____

_____

Will the proposed work require any grading on-site? Yes ☐ No ☐

Will the proposed ground disturbance exceed 200 ft²? Yes ☐ No ☐

If yes, how much *(in square feet)*? _____ ft²

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

Additional Details

Present Use of Principal Structure or Lease: _____

Proposed Use of Principal Structure or Lease: _____

Has the subject property been the subject of any prior application to the Planning Board or Zoning Board? Yes ☐ No ☐ Planning: ☐ Zoning: ☐

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

Applicant Certification

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property shall be complied with. All Zoning Permits will be granted or denied within ten (10) business days of submission of a complete application.
Zoning Permits are valid for (1) year from the date of issuance.

Signature of Applicant: _____ Date: _____

Applicant Name *(Please Print):* _____

Signature of Property Owner *(If Different):* _____ Date: _____

Property Owner Name *(Please Print):* _____

OFFICE USE ONLY

Deposit Date: _____ **Amount Paid: $** _____ **Received by:** _____

Cash: _____ **Check No.:** _____ **Credit Card Transaction No.:** _____