

BERKELEY HEIGHTS ZONING APPLICATION

Township of Berkeley Heights
29 Park Avenue
Berkeley Heights, NJ 07922

Phone: 908-464-2700 x 2115
Fax: 908-464-3791
email: tbocko@bhtwp.com

DATE _____

BLOCK _____ LOT _____

ZONE _____ DATE STAMP ABOVE HERE _____

This application shall be submitted with a current survey, drawn to scale, showing all existing conditions and any proposed changes, including grade changes, walls and hard surfaces with material type and installation method. Construction plans or Manufacturer's Brochure must be provided and must show details and dimensions of all proposed structures. For proposed new "uses" in existing buildings, the applicant shall attach a brief narrative describing their business operation and floor plans of the space.

NAME

ADDRESS

PHONE #

1. Owner _____

2. Contractor _____

3. Arch/Eng. _____

4. Applicant _____

5. Applicant Email _____

6. Address of subject property: _____

7. Describe the project; include length, width, & height. If a proposed business "use" check here _____ and attach brief narrative: _____

8. Fees: Shed = \$40____, Fence = \$50 up to 400LF____, \$100 greater than 400LF____, Signs = \$50 per sign____, (must attach sign form).

9. Have premises been subject to any prior development applications or zoning permit? Yes ___ No ___. If yes, explain the results; _____

10. Do you have a Homeowners' Association or other organization? Yes ___ No ___ If yes, attach written permission or a Declaration of No Jurisdiction from the Association.

APPLICANT SIGNATURE

DATE

OWNERS SIGNATURE

DATE

UPON ZONING APPROVAL, YOU MUST INQUIRE WITH THE BUILDING DEPARTMENT TO DETERMINE WHETHER A BUILDING PERMIT WILL BE REQUIRED FOR THE ZONING APPROVED PROJECT.

Upon review of this application an approved Zoning Permit shall be issued or a Denial Letter issued to the applicant & owner as listed above.

ZONING APPROVED _____ **DATE** _____

ZONING DENIED _____ **DATE** _____

Thomas A. Bocko, Berkeley Heights Zoning Officer