

ZONING PERMIT

Zoning Control Number _____ Date: _____ Fee: \$35.00

TYPE OF APPLICATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Adding a New Use to a Property | <input type="checkbox"/> New Accessory Structure | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> New Commercial Business | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Continuing/Changing the Use of a Property/Structure | <input type="checkbox"/> New Ownership of a Property/Business | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Deck/Balcony | <input type="checkbox"/> New Residence | <input type="checkbox"/> Swimming Pool/Hot Tub** |
| <input type="checkbox"/> Fence/Retaining Wall* | <input type="checkbox"/> Porch | <input type="checkbox"/> Zoning Determination |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Private Garage | |
| <input type="checkbox"/> Interior Remodeling (Commercial/Residential) | <input type="checkbox"/> Other: _____ | |

PLEASE READ THE ZONING PERMIT INFORMATION SHEET PRIOR TO COMPLETING THIS APPLICATION.

As per the Neptune Township Land Development Ordinance Section 1102 a zoning permit shall be issued prior to the commencement or change of use of a property, building or structure; the occupancy of any building or structure; the construction, erection, reconstruction, alteration, conversion, or installation of any building or structure; or the issuance of a Certificate of Appropriateness, where applicable.

The Neptune Township Zoning Map, Land Development Ordinance and its amendments can be found online at www.neptunetownship.org/departments/land-use.

*Indicate location, height, and type of fence on survey/plot plan.

**Pools require a fence. Please indicate type, height, and area of fence and location of filter.

ALL APPLICATIONS WITHIN THE HISTORIC DISTRICT REQUIRE HPC APPROVAL.

IF ANY OF THE REQUESTED INFORMATION IS SUBMITTED INCOMPLETE, THEN THIS APPLICATION SHALL BE RETURNED UNPROCESSED.

(PLEASE PRINT CLEARLY)

- Location of property for which zoning permit is desired:
Street Address: _____ Block: _____ Lot: _____ Zone: _____
- Applicant Name: _____ Phone No. _____ Fax No. _____
Applicant's Address: _____
Email: _____
- Property Owner's Name: _____ Phone No. _____ Fax No. _____
Property Owner's Address: _____
Email: _____
- Present Approved Zoning Use of the Property: _____
- Proposed Zoning Use of the Property: _____

6. Describe in detail the activity or activities you are proposing. If you are proposing construction, then describe in detail the dimension and setbacks. If you are proposing a use, then describe the proposed use. _____

7. Has the above referenced premises been the subject of any prior application to the ZONING BOARD OF ADJUSTMENT or PLANNING BOARD?
 Yes ___ No ___ If Yes, state date: _____
 Board: _____ Resolution # (if any): _____ (submit a copy of the Resolution)

8. For all exterior work pertaining to additions and accessory structures, excluding fences, please provide:
 Building Coverage: _____% Lot Coverage: _____% (Please include calculations)

40:55D-68.3. Penalty for false filing. Any person who knowingly files false information under this act shall be liable to a civil penalty not to exceed \$1,000 for each filing. Any penalty imposed under this section may be recovered with costs in a summary proceeding pursuant to "the penalty enforcement law," N.J.S.2A:58- 1 et seq.

Adopted. L. 1989, c. 67, §3, effective April 14, 1989. The 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 from the date of complete application.

 Signature of Applicant Date

 Print Applicant's Name

 Signature of Owner Date

 Print Owner's Name

----- FOR OFFICE USE -----

Fee date: _____ Check#: _____ Cash: _____

Received by: _____ Receipt#: _____