



**BOROUGH OF PENNS GROVE
APPLICATION FOR ZONING PERMIT**

P.O. BOX 527

PENNS GROVE, NJ. 08069

(856)-299-0098

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE NUMBER _____

NAME OF OWNER IF DIFFERENT FROM APPLICANT

ADDRESS OF OWNER _____

TELEPHONE NUMBER _____

BLOCK _____ **LOT** _____

ADDRESS OF PROPERTY FOR WHICH ZONING PERMIT IS REQUESTED

DIMENSIONS OF LOT: FRONTAGE _____ **DEPTH** _____ **AREA** _____ **SQ. FEET**

OFF STREET PARKING SPACE _____ **DIMENSIONS OF PRINCIPAL BUILDING:**

FRONT WIDTH _____ **DEPTH** _____ **HEIGHT** _____ **AREA** _____ **SQ. FEET**

GROSS FLOOR AREA OF PRINCIPAL BUILDING:

FRONT _____ **R.SIDE** _____ **L. SIDE** _____ **REAR** _____

DIMENSION OF ALL ACCESSORY BUILDINGS _____

DESCRIBE IN DETAIL EXACTLY WHAT YOU ARE PLANNING TO DO: _____

STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED IN THE ABOVE ARE CONDUCTED AS A NON CONFORMING USE (IF SO STATE FACTS SUPPORTING THIS CONTEENTION)

HAS THE ABOVE PROPERTY BEEN THE SUBJECT OF ANY PRIOR APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OR PLANNING BOARD? YES _____ **NO** _____

ON A COPY OF THE PROPERTY SURVEY SHOW THE LOCATION OF ALL BOUNDARIES STRUCTURES, MAJOR LANDSCAPE FEATURES AND ROUTES OF INGRESS AND EGRESS. IF A SURVEY IS UNAVAILABLE DRAW THE PROPERTY FEATURES AND A PLOT PLAN OF THE LOT AND STREET ARRANGEMENTS IN THE SPACE PROVIDED BELOW.

THE UNDERSIGNED ACKNOWLEDGES THAT NO ISSUANCE OF PERMIT, INSPECTION OR APPROVAL BY THE ZONING OFFICER TO ANY AND ALL WORK HEREBY PERMITTED TO BE DONE, SHALL NOT CREATE OR ESTABLISH ANY LIABILITY UPON THE BOROUGH OF PENNS GROVE, IT'S AGENTS, EMPLOYEES, SUCCESSORS OR ASSIGNS. SIGNATURE OF THE OWNER AND APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE.

DATE _____ APPLICANT'S SIGNATURE x _____

OWNER'S SIGNATURE x _____

PERMIT REFUSED: YES _____ NO _____ PERMIT # _____ ISSUE DATE _____

REASON _____ x _____

ZONING ADMINISTRATIVE OFFICER