



Date Application Received: _____

\$25.00 Fee Received _____

Check # _____

TOWNSHIP OF LONG HILL
PLANNING & ZONING OFFICE
915 Valley Road, Gillette, NJ 07933
(908) 647-8000 Fax (908) 647-4150

APPLICATION FOR A ZONING PERMIT

Applicants Name _____ Date _____

Street Address _____ Town _____ Zip _____

Telephone Number: Home _____ Listed / Unlisted _____ Application # _____

Work _____

Email _____

Fax _____

Work Site Address:

Street _____ Block _____ Lot _____

Zoning Approval / Denial

Has this premises been subject to any prior action by the Planning Board or Zoning Board of Adjustment? Yes ___ No ___

If so, provide the resolution number & date of approval _____

Have all conditions of approval been satisfied? Yes ___ No ___

Were approved plans signed by Board Officers? Yes ___ No ___ if so provide a copy with this application.

Type of Application: New Home _____ Addition/ Alteration _____ Deck _____ Pool _____ Other _____

Does the construction or development of this property involve a change in footprint of any building or structure and/or will the proposed work result in the removal or damage of any tree (s)?

Yes ___ No ___

If Yes, please supply a duplicate copy of the zoning permit application and all supporting documents to the Zoning Official for referral to the Shade Tree Commission for review and comment.

If none of the above is checked, you can skip PAGE 2 of the application and proceed to PAGE 3.

FILL IN ALL APPLICABLE BOXES

IS THIS PROPERTY IN A DENSITY MODIFICATION SUBDIVISION? YES ___ NO ___

LOT NUMBER	BLOCK NUMBER	ZONE	TOTAL SQ. FT
	REQUIRED	EXISTING	PROPOSED
MINIMUM LOT AREA			
MINIMUM LOT WIDTH (FEET)			
MINIMUM FLOOR AREA (SQAURE FEET)			
MINIMUM BUILDING WIDTH (FEET)			
MAXIMUM BUILDING HEIGHT (STORIES/FEET)			
MINIMUM FRONT YARD (FEET)			
MINIMUM SIDE YARD (FEET)			
MINIMUM REAR YARD (FEET)			
MAXIMUM BUILDING COVERAGE (PERCENT)			
LOT COVERAGE (PERCENT)			
FLOOR AREA RATIO (FAR)			
BUFFER (FEET) (9)			

Please supply two (2) copies of your survey to scale indicating your proposed project And supporting calculation listed above

Type of Application continued.

Other:

Please Explain

To the best of my knowledge, all of the above information is correct and I understand that the,

“Issuance of this permit does not relieve the applicant from the obligation to obtain any and all permits and/or approvals from any other governmental agency having jurisdiction over the premises, whether local, county, state or federal, required for the development for which this permit is issued. Failure to obtain all such necessary permits or approvals may result in revocation of this permit”

Signature of Applicant _____ **Date** _____

For use by Zoning Office only

Approved _____ **Date** _____

Comments:

Denied _____ **Date** _____

Reason for Denial:

Applicant was notified of approval or denial on: Date _____

Method of notification was:

Phone: _____

Mail: _____

Fax: _____

Email: _____

Thomas Delia _____ **Date** _____

Zoning Officer, Township of Long Hill