



Zoning Permit # _____

ZONING OFFICE

P.O. Box 500 | 570 Rosemont Ringoes Road | Sergeantsville, NJ 08557
 609-397-3240 Ext. 209 | zoningofficer@delawaretwpnj.org

Zoning Permit Application

(Zoning Permit Application fee is \$30.00, cash or check payable to Delaware Township)

Date _____ **Block** _____ **Lot** _____ Zoning District (circle) A-1, A-2, V-1, V-2, C3, I-1, I-2

Name of Owner _____

Address of Owner _____

Phone (Home) _____ (Cell) _____ (Email) _____

Name of Applicant _____

Address of Property (Work Location) _____

Phone (Home) _____ (Cell) _____ (Email) _____

Signature _____

Describe in detail the proposed improvements _____

*Please include a site survey/drawing showing existing structures and location of all improvements.
 Include distances from front/side/rear property lines and other structures.*

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>ACCESSORY STRUCTURE</u> (barn, pool, shed, fence, etc.)	<u>TWP. REQUIREMENTS</u>
Lot area				
Lot width				
Lot depth				
Height				
<u>SETBACKS</u>				
Front				
Rear				
Left side				
Right side				
Total lot coverage				

Is lot located in “**Flood Zone**” or “**Special Floor Hazard Zone**” per F.E.M.A? _____

Are there known “**Wetlands**” on this lot? _____

Have there been any “**Variances**” or “**Site Plans**” associated with this lot? _____

This is to certify that the proposed use of this application is: **APPROVED** _____ **DENIED** _____

Gregory Bonin, Zoning Officer _____ Date _____

*The approval of this permit **does not** relieve the applicant of the responsibility for obtaining other required permits.*

Office Use Only