

**Borough of Eatontown
Zoning Office
47 Broad Street
Eatontown, NJ 07724
Phone: 732-389-7611 x1**

APPLICATION FOR ZONING PERMIT

Date _____	Fee \$50.00	CASH/CK/MO/CC _____
<input type="checkbox"/> New Building	<input type="checkbox"/> Driveway/Sidewalk/Apron****	<input type="checkbox"/> Pool**
<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Commercial Addition	<input type="checkbox"/> Sign
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Demolition	<input type="checkbox"/> Walkway/Patio
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Porch/Deck	<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Air Conditioner***	<input type="checkbox"/> Change of Tenancy	<input type="checkbox"/> Other
<input type="checkbox"/> Generator***	<input type="checkbox"/> Fence*	
<input type="checkbox"/> Commercial Interior	<input type="checkbox"/> Garage	
<input type="checkbox"/> New Commercial	<input type="checkbox"/> Shed	

With this application, you are required to submit **proof of property taxes being current** as well as **one (1) copy of a current survey/plot plan/site plan and one (1) set of small architectural plans**. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor (signed/sealed). Architectural plans must show zoning data existing and proposed setbacks. Permit review fee: \$50.00. Checks shall be made payable to: Borough of Eatontown. If any of the requested information is not submitted or submitted incomplete, the application shall be returned as unprocessed.

- * 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 and heater. In-ground pools require submission of one (1) electronic copy (PDF) of the Grading Plan as well as one (1) hard copy to scale.
- *** Air conditioner units: Please indicate proposed location and provide specifications that show the unit has proper screening from street.
Generators: Please indicate proposed location and provide specifications that show the unit has proper screening from street.
- **** Curb Cutting may require a Street Opening Permit from the Borough Clerk as per Borough Code 285-5.

PLEASE PRINT CLEARLY & LEGIBLY

Property Address _____ Unit # _____ Block _____ Lot _____ Zone _____

Property Owner Name _____ Address _____

Telephone # _____ Cell Phone _____ Email _____

Applicant Name _____ Address _____

Telephone # _____ Cell Phone _____ Email _____

Provide a detailed description of work or description of business _____

Please complete the following applicable information for accessory residential structures such as fences, sheds/garden structures, patios and/or paving.

Type of Permit	Height	Style	Dimensions or Length
Fence			
Patio			
Pool			
Shed			
Other			

	Area in Square Feet
Lot Area	
Existing Building Coverage (House, Garage, Shed, Etc.)	
Proposed New Building Coverage	
Total Proposed Building Coverage	
Existing Impervious Surfaces (Driveways, Patios, Concrete Pool, etc.)	
Proposed New Impervious Surfaces	
Impervious Surfaces to be Removed	
Total Proposed Impervious Surfaces	

Have the premises been the subject of any prior application to the Planning Board/Zoning Board?

_____ Yes _____ No

If yes, indicate the Board _____ as well as the Date of Hearing _____.

Resolution # (if any) _____ (Submit copy of Resolution)

Applicant certifies that all statements and information made and provided as a 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, codes, and requirements of the site plan approval, variances and other permits granted with respect to said property, shall be complied with. All Applications for Zoning Permits will be granted or denied within ten (10) business days from the date the complete application is submitted.

Print Applicant's Name

Date

Signature of Applicant

Date

Print Owner's Name (if different from applicant)

Date

Signature of Owner (if different from applicant)

Date

.....**FOR OFFICE USE**.....

Fee Date _____ Payment # _____ Received by _____

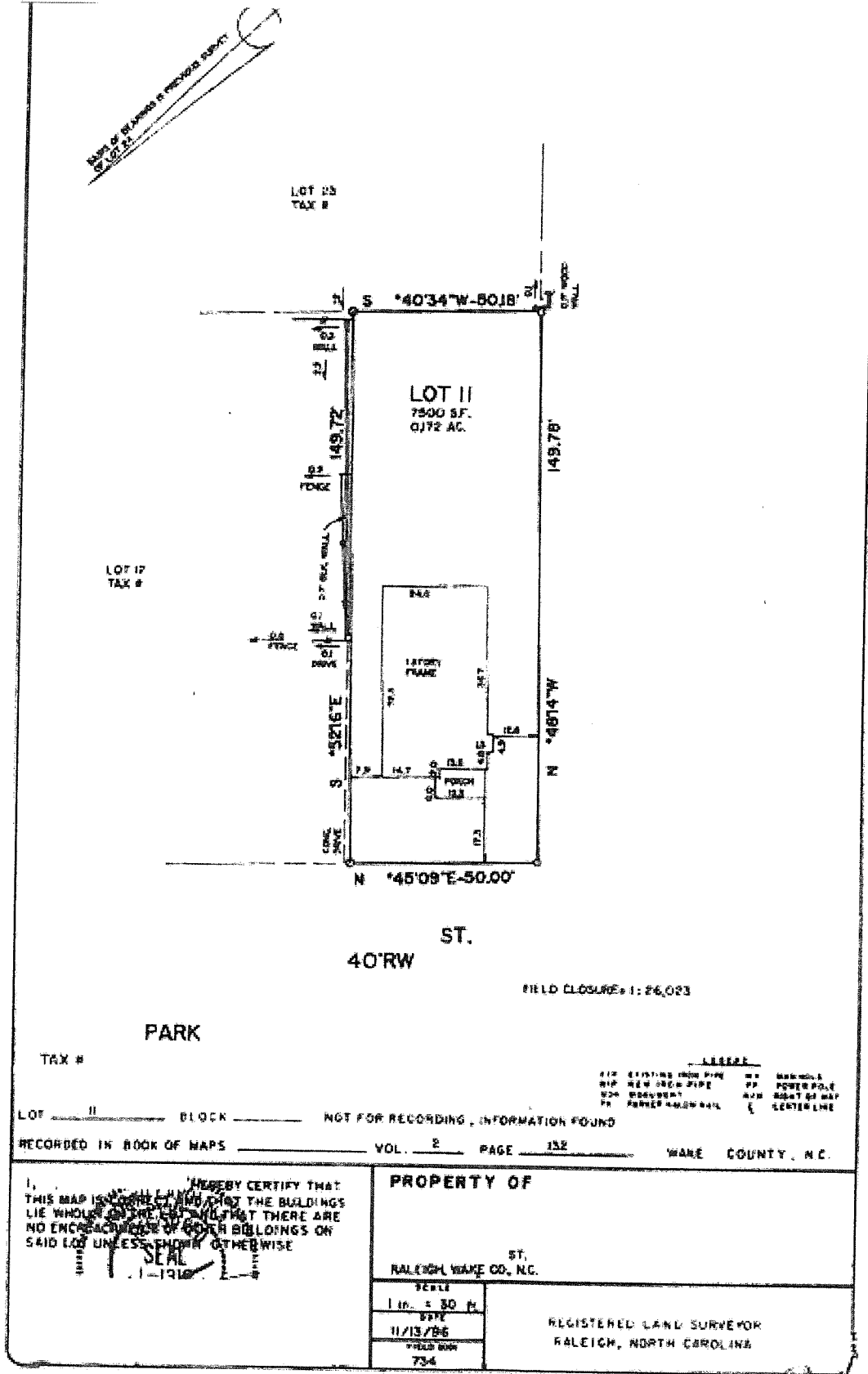
Approved _____ Denied _____ Comments _____

Kathy Muscillo, Zoning Officer

Date

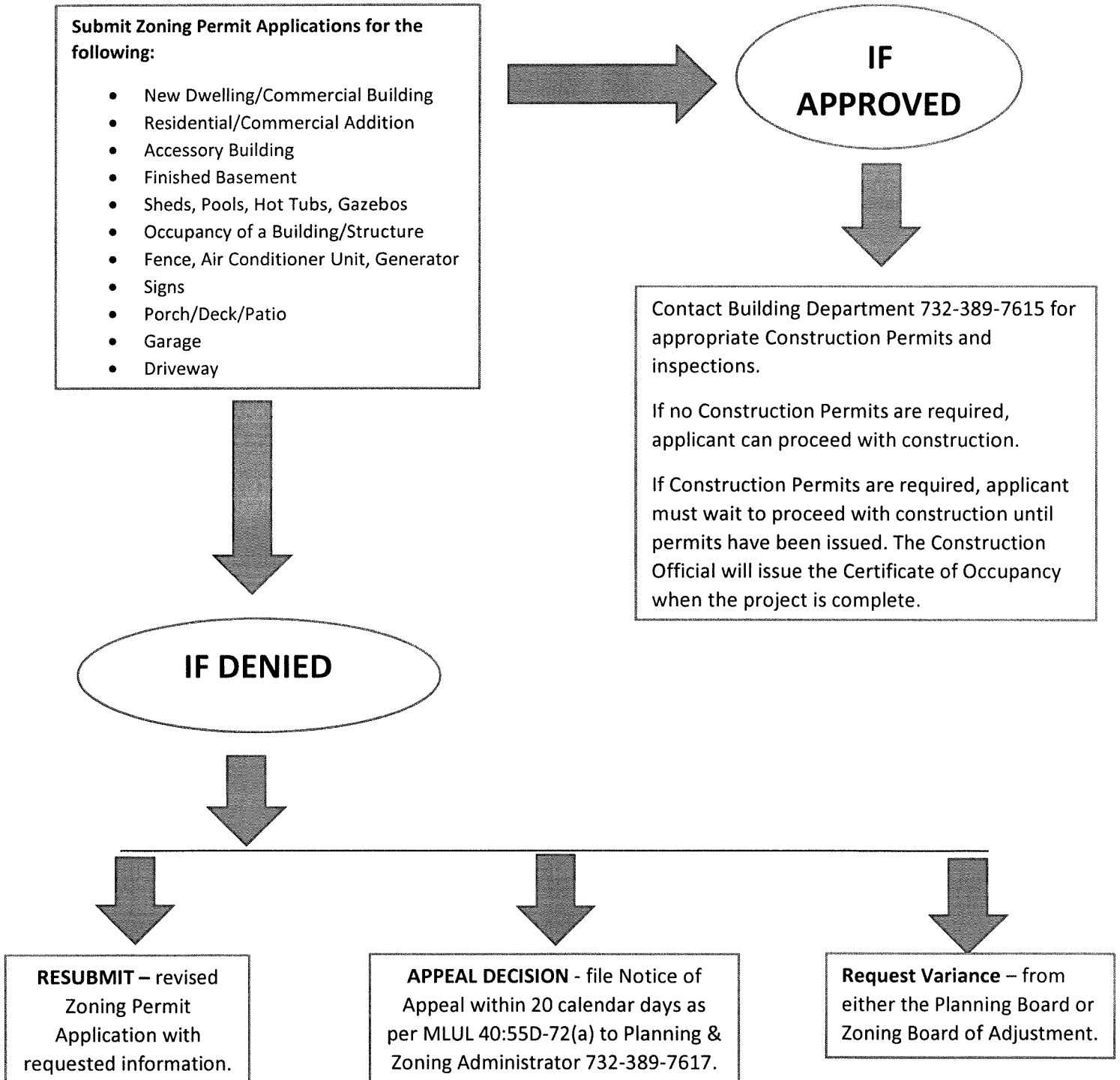
Appeals of the Zoning Officer's determination must be filed within twenty (20) days of the issuance to the Planning Board/Zoning Board as provided by the New Jersey Municipal Land Use Law. This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions. The Board reserves the right to deem additional information and/or variances required. Approved Zoning Permits are valid for one (1) year, and may be extended by action of the Zoning Board.

SAMPLE SURVEY



BOROUGH OF EATONTOWN

ZONING FLOW CHART



**BOROUGH OF EATONTOWN
ZONING OFFICE**

CHANGE OF TENANCY (if applicable)

All information shall be provided

Date Submitted _____

Owner / Landlord Information

Full Name: _____
Last First

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Tenant Information

Property Address _____ Floor # _____ Suite/Unit # _____ Sq Ft _____

Block _____ Lot _____ Zone _____ # of Employees _____ Operating Hours _____

Tenant/Business Name _____ Proposed Use _____

Address: _____
Street Address

City State ZIP Code

Phone Number Email

Signatures

I certify that the answers are true and complete to the best of my knowledge.

Property Landlord/Owner _____ Tenant/Business Owner _____

Date _____

Date _____