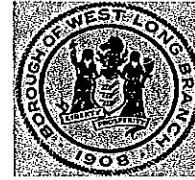


BOROUGH OF WEST LONG BRANCH
Zoning Officer
965 Broadway
West Long Branch, NJ 07764
(732) 571-5957
FAX (732) 571-5996



ZONING PERMIT

Date: _____

Fee: \$35.00

Check #: _____

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> New building | <input type="checkbox"/> New commercial | <input type="checkbox"/> Fence* |
| <input type="checkbox"/> Residential addition | <input type="checkbox"/> Driveway/Walkway/Patio | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Commercial addition | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Interior remodeling | <input type="checkbox"/> Demolition | <input type="checkbox"/> Pool** |
| <input type="checkbox"/> Air conditioner*** | <input type="checkbox"/> Porch / Deck | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Generator*** | <input type="checkbox"/> Commencement or change
of use of a property/structure | <input type="checkbox"/> Pod |
| <input type="checkbox"/> Commercial interior | | <input type="checkbox"/> Other |

With this application you are required to submit one (1) copy of a current survey/plot plan/site plan and one (1) set of 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: \$35.00. Checks shall be made payable to: Borough of West Long Branch.

If any of the requested information is submitted incomplete, the application shall be returned 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.
- *** Air conditioner units: Please indicate proposed location & provide specifications which show the height.
Generators: Please indicate proposed location & provide specifications which show that the unit has a Critical Muffler & Sound Attenuation Enclosure.

Please Print Clearly

1. Location of property for which Zoning Permit is desired:

Street Address: _____ Block: _____ Lot: _____ Zone: _____

2. Applicant's Name: _____ Tel. No. _____ Fax No. _____

Applicant's Address: _____

3. Property Owner's Name: _____ Tel. No. _____ Fax No. _____

Property Owner's Address: _____

4. Description of Work: _____

5. Has the above premises been the subject of any prior application to the Planning Board/Zoning Board?

Yes _____ No _____ if yes state date: _____

Board: _____ 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 and requirements of the 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 (10) business days from the date the complete application is submitted.

Signature of Applicant

Date

Print Applicant's Name

Signature of Owner's (if different than applicant)

Date

Print Owner's Name (if different than applicant)

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

Fee date: _____ Check #: _____

Received by: _____

Approved _____ Denied _____

COMMENTS:

Appeals of the Zoning Officer's determination must be filed within 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.

James Miller Zoning Officer

Date