

BOROUGH OF WEST LONG BRANCH**Zoning Officer**

965 Broadway

West Long Branch, NJ 07764

(732) 571-5957 FAX (732) 571-9185

Email: zoning@westlongbranch.org**ZONING PERMIT APPLICATION**

Date: _____

Fee: \$50.00 (Check or Money Order Only)

Check #: _____

- ☐ New building
- ☐ Residential addition
- ☐ Accessory building
- ☐ Interior remodeling
- ☐ Air conditioner***
- ☐ Generator***
- ☐ Commercial interior
- ☐ New commercial/tenant
- ☐ Change of owner/tenant

- ☐ Walkway / Patio / Driveway
(Replacement or new)
- ☐ Commercial addition
- ☐ Demolition
- ☐ Porch / Deck
- ☐ Fence* (Replacement or New)
- ☐ Garage/Shed

- ☐ Sign
- ☐ Other

*Dumpster/Pod (please use
dumpster/pod permit)*Tree Removal (please use
tree removal permit)*Pool (please use pool
permit)

One (1) PDF of a current survey/plot plan/site plan and architectural plans are REQUIRED with this application *emailed to zoning@westlongbranch.org*. 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 and impervious coverage calculations when applicable.

Permit review fee: **\$50.00. No Cash Accepted** - Checks or Money order 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.

* **Fences:** Indicate location, height, and type of fence on survey/plot plan.

** **AirConditioner units (new):** Please indicate proposed location & provide specifications which show the height. *For direct replacement of existing units, a Zoning Permit is not required.*

*** **Generators:** Please indicate proposed location & provide specifications which show that the unit has a Critical Muffler & Sound Attenuation Enclosure.

*Please Print Clearly***1. Property Information:**

Street Address: _____ Unit/Suite # _____ Block: _____ Lot: _____ Zone: _____

2. Owner Information:

Last Name: _____ First Name: _____ Tel. No. _____ Fax No. _____

Cell Phone: _____ Email: _____

Address: _____

3. Contractor or tenant Information:

Business Name: _____

Last Name: _____ First Name: _____ Tel. No. _____ Fax No. _____

Cell Phone: _____ Email: _____

Address: _____

4. Detailed description of work or description of Business:

Accessory Residential Structures: *fences, sheds, garden structures, patios and/or paving*
Please complete the following applicable information

Note: Construction by any third parties is prohibited on Sundays in the Borough (Ordinance #O-22-10)

Permit Type	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		

Upon Zoning Approval, submit construction permits to:
City of Long Branch Building and Construction Dept.
344 Broadway, Long Branch, NJ 07740
Building@westlongbranch.org

6. 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.

Print Applicant's Name

Date

Signature of Applicant

Print Owner's Name (if different than applicant)

Date

Signature of Owner's (if different than applicant)

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.