

Date Rec'd: _____ Permit #: _____ Fee: \$ 75.00 _____

(Fee waived if zoning application is part of a construction application)



**TOWNSHIP OF CHATHAM
LAND DEVELOPMENT OFFICE**

58 Meyersville Road Chatham, New Jersey 07928
(973) 635-3202
Fax (973) 635-4002

APPLICATION FOR A ZONING PERMIT

Applicants Name _____

Telephone Number: Cell _____

Work _____

Fax _____

Zoning Approval / Denial

Proposed Work Site:

Street _____ Block _____ Lot _____

Name of Owner if different from the Applicant:

Telephone Number: _____

Has this premise been subject to any prior action by the Planning Board or Zoning Board of Adjustment?

Yes _____ No _____

If so explain, giving the resolution number if possible

Type of Application:

New Home _____

Addition/ Alteration _____

Deck _____

Pool _____

Retaining Wall _____

Accessory Structure _____

If none of the above is checked, you can skip PAGE 2 of the application and proceed to PAGE 3 to finish filling out the application.
FILL IN ALL APPLICABLE BOXES

LOT NUMBER	BLOCK NUMBER	ZONE		TOTAL SQ. FT.
	REQUIRED	EXISTING		PROPOSED
LOT WIDTH AT STREET				
LOT DEPTH				
FRONT YARD SET BACK				
REAR YARD SET BACK				
RIGHT SIDE SET BACK				
LEFT SIDE SET BACK				
	MAXIMUM ALLOWABLE	EXISTING		PROPOSED
BUILDING WIDTH *				
BUILDING COVERAGE**				
LOT COVERAGE**				
BUILDING HEIGHT***				
NUMBER OF STORIES				

- * As per Ordinance 30-96.27 Width of Dwellings in the R-3 Zone
- ** As per Ordinance 30-78.11 Maximum Coverage in Residential Districts
- *** As per Ordinance 30-6 Height of Structure

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: _____

Zoning Officer, Township of Chatham **Date** _____