

BOROUGH OF ROSELLE

Zoning Department
210 Chestnut St.

Roselle, New Jersey 07203

908-634-4540

908-634-4520

Approved

Denied

Fee: \$75.00

(Fees Subject To Change)

Date _____

Application No. _____

Zone _____

ZONING PERMIT APPLICATION

IMPORTANT (Please read entirely):

The undersigned hereby applies for a Zoning Permit for the following to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

A COPY OF THE CURRENT SURVEY REPRESENTING THE EXTENT OF THE PROPOSED WORK MUST BE ATTACHED.

ADDITIONAL DOCUMENTS MAY BE REQUIRED AS DEEMED NECESSARY BY THE ZONING OFFICER.

NOTE: ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND ACCURATELY, BY THE APPLICANT.

Please Print All Information:

1. Location _____ Block _____ Lot _____

2. Applicant _____

(if applicant is a corporation or partnership, give corporate title or business name, and give name of partner, or authorized agent. _____)

Applicants Address (Do Not Use P. O. Box #) _____

City _____ State _____ Zip Code _____ Phone # _____

3. Name of Lot Owner _____ Address _____

(if applicant is NOT the owner, give name and address of premise owner)

City/Zip Code _____ Phone # _____

4. Lot Dimensions _____ x _____ (if applicable) _____

Square Footage of: Bldg. Coverage _____ Impervious Surface _____

Principle Structure: (the following is information pertaining to the main structure located on the property)

Height _____ Width _____ Length _____ # of stories _____

Front setback _____ Corner lot setback _____ Side setbacks _____ & _____ Rear setback _____

Accessory Structure(s): give information pertaining to any additional structure(s) located on the work site.

Dimensions _____ Front setback _____ Side setback _____ Rear setback _____

5. **Proposed Item(s):** (Check one) Structure _____ Addition _____ Garage _____ Driveway _____

Shed _____ Patio _____ Pool _____ Deck _____ Display _____ Sign _____

Requesting Approval Of: _____

Description of Request (provide additional documents as necessary) _____

Dimensions of Work (provide additional documents as necessary) _____

Applicants Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

*Based on this Zoning Application and statements that are made a part herein, the proposed work is found to be in accordance with the Borough of Roselle Zoning Ordinances and is hereby **APPROVED**.*

Permit # _____

Comments: _____

Zoning Officer

Date

_____ DENIED, based on the following reasons: _____

FOR OFFICE USE ONLY	Rec'd ____ / ____ / ____	Amount \$ _____	<input type="checkbox"/> Check	<input type="checkbox"/> Cash _____
	Receipt # _____	Check # _____	Rec'd By _____	