

# **DRIVEWAYS**

## **CHECKLIST**

1. *You must completely fill out a Driveway Permit application.*
2. *You **MUST** submit a current survey of property.*
3. *On the survey, place the dimensions of the area that will be covered.*

*If you have any additional questions, please feel free to contact this office at 908-634-4540, before submitting the application.*

### **Regulations:**

*If you are planning to widen or lengthen your driveway, you can not submit this particular application.*

*You must complete a Zoning Permit Application, because of the following:*

**§118 -1E(1)(g)** The maximum floor area ratio or impervious surface coverage set forth in Schedule A shall not be exceeded or, if already more than the maximum, shall not be further increased.

*The allowable amount of impervious surface, noted in Schedule B for a Residence 'A' district is 40% of your property. **All increases require approval via a Zoning Permit.***

**BOROUGH OF ROSELLE**

Zoning Department  
210 Chestnut St.  
Roselle, New Jersey 07203  
908-634-4540  
908-634-4520

Approved  Denied

Date \_\_\_\_\_

Application No. \_\_\_\_\_

Permit No. \_\_\_\_\_

**DRIVEWAY PERMIT**

**IMPORTANT (Please read entirely):**

A COPY OF THE CURRENT SURVEY OF THE PROPERTY 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:**

Location \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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 # \_\_\_\_\_ Contact# \_\_\_\_\_

Name of Lot Owner \_\_\_\_\_

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

City/Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Please Check One

Extending

Not Extending

**YOU MUST CALL FOR  
AN INSPECTION  
BEFORE POURING  
AND AFTER POURING  
908-634-4540**

Width of driveway \_\_\_\_\_

Length of driveway \_\_\_\_\_

Total square feet \_\_\_\_\_

Apron YES  NO

*I am the maker of this application and certify that the statements given herein are correct and true in all particulars.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

*Based on this Fence Permit 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**.*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ DENIED, based on the following reasons: \_\_\_\_\_

\_\_\_\_\_