

Lopatcong Township

232 South Third Street

Phillipsburg, NJ 08865

Tel: 908-859-3355 Ext: 236

APPLICATION FOR ZONING PERMIT

Office Hours: Friday's 10:30am to 2pm

Permit No. _____

Block _____ Lot _____

Zone _____

Applicant's Name _____

Address _____

Phone# _____ Fax _____

Address of property for which request is made _____

Name of property owner _____

Address of property owner _____

Purpose of Application and Use _____

Description of proposed structure (length, width, height) _____

Has this property been the subject of any prior application to the Land Use Board? _____

If yes, state the date, relief sought, and the results. _____

The following documentation shall be provided, if applicable; 1. Board approvals, 2. Driveway permit 3. Well and Septic permits, 4. Food handling permit, 5. Soil disturbance permit, 6. Stream/Wetland encroachment permit, 7. Property survey or Plot Plan, 8. Flood Plan 9. DEP 10. Others required by law (Tax Form)

Date _____ Applicant signature _____ Owner's signature _____

ZONING OFFICER'S (Joseph E. Rossi) USE ONLY BELOW

This must be submitted with a \$30 fee

This application meets all applicable zoning requirements of Lopatcong Township

Zoning Officer _____ Date _____

Denied for the following reason(s): _____