

**APPLICATION FOR ZONING PERMIT
TOWNSHIP OF SANDYSTON**

133 Route 645 Sandyston, NJ 07826

ZONING OFFICER/LAND USE ADMINISTRATOR

Phone 973-948-3520, ext. 205

Fax 973-948-0783

Fees: Zoning Permit \$20.00

Sign Permit \$15.00

Check payable to Sandyston Township or exact amount cash.

Date of Application _____ Block _____ Lot _____ Zone _____

Name of Applicant _____ Phone _____

Name of Owner (if different) _____ Phone _____

Address of Premises _____

Applicant address (if different) _____

Type of Work: Principal Use or Structure _____ Accessory Use or Structure _____ Sign _____

Change of Use: Yes _____ No _____ Current Use _____

Proposed Work to be done:

*Has this premises or its current use ever receive a variance or been subject to conditions of the Zoning or Planning Board of the Township of Sandyston? _____ If yes, state conditions or nature of variance. _____

*What is the height of any new structure? (to the highest point of construction for a flat roof, or to a point midway between the peak of the roof and the uppermost plate, in the case of a sloping roof) _____

*Are there wetlands on or bordering the property? _____

- Attach plot plan or survey showing size of plot, bounding streets, size, type and location of existing and proposed structures, and distances to all property lines and wetlands.
- If application is for a SIGN, attach a sketch of the sign and all dimensions, as well as a plot plan or survey showing location of sign in relation to streets, buildings, driveways, etc. If sign is to be illuminated, lighting details must be shown.

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I certify all above statements and any attachments are true and complete to the best of my knowledge.

Date _____

Signature of Applicant, Title

Zoning permit must be approved & issued prior to issuance of any building permit.

Visit our website for ordinances & setback information: www.sandystontownship.com - Township Clerk - Forms & Information - Sandyston Township ordinances online. Planning Board - Schedule of Limitations (setback requirements).

For official use only

\$ _____ Check # _____ Cash _____ Payment received by _____ Date _____

Zoning permit shall be granted or denied within 20 days from the date application is filed.

() Application Approved

() Application Denied State reason for action taken: _____

Date _____