

TOWNSHIP OF SANDYSTON

SUSSEX COUNTY, NEW JERSEY

Office of the Zoning Official
Beth Brothman
Phone 973-948-3520, ext. 201

133 Route 645
Sandyston, NJ 07826
Fax 973-948-0783

APPLICATION FOR CLOTHING BIN PERMIT

As per ORD 2012-08. chapter 150-15

Block _____ Lot _____ Property Address _____

This application is for an Accessory Use or Structure on premises located in the _____ Zone.

Property Owner Contact Information: Name _____

Phone _____

Address _____

Written consent of Owner _____

Signature

Bin Owner/Applicant Contact Information: Name _____

Phone _____

Address _____

-ATTACH PLOT PLAN/ SURVEY SHOWING EXACT LOCATION OF PROPOSED BIN ON PROPERTY.

-EXACT BIN DIMENSIONS: _____ TONNAGE CAPACITY: _____

-Permit # to be posted on bin in a place easily visible to all.

-Permit holder must report annually, no later than March 1, the annual tonnage handled under each permit.

I hereby certify in lieu of oath that the above statements and answers are true to the best of my knowledge.

Date _____

Signature of Applicant, Title

Fees: Initial Permit \$25.00

Annual Renewal \$15.00

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

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

Zoning Plan Approval: Yes (_____) No (_____) Application Approved () Denied ()

Reason for action taken: _____

PERMIT # _____

Signature of Zoning Officer

Date