

WANTAGE TOWNSHIP

888 N.J. Rte. 23, R.D. # 1

Wantage Township, NJ 07461

973-875-7195

APPLICATION FOR ZONING PERMIT

* Please use pen; please answer all questions.

Date: _____ Block: _____ Lot: _____ Zone: _____

Physical Location: Street: _____

Name of Applicant: _____ Phone # _____

Address of Applicant: _____

Name of Owner: _____

Address of Owner: _____

(1) State purpose for which Zoning Permit is requested: _____

(2) Attach one sketch or plot plan showing size of plot, bounding streets; size type and location of existing and proposed structures and distances to all property lines. _____

(3) Describe activities conducted in principal building and/or accessory buildings: _____

(4) State whether any of the activities described in Item (3) are conducted as a non conforming use. If yes, Explain: _____

(5) Has above premises been subject to any prior application to the Zoning Board or Planning Board to the Applicants knowledge, if yes explain: _____

Application Permit Fee
MUST Accompany Application

Paid: _____ Date: _____

Applicant's Signature _____

Collected by: _____

DO NOT WRITE BELOW THIS LINE

ZONING PERMIT

No. _____

This is to certify that the above described premises, together with any buildings thereon, are used or proposed to be used for or as: _____

which is a:

- Use permitted by Ordinance.
- Use permitted by Variance approved on _____ subject to any condition attached to the grant thereof.
- Valid non-conforming use.

Special Conditions: _____

Zoning Official & Date

THIS DOCUMENT IS NOT A BUILDING PERMIT