

ZONING PERMIT APPLICATION

The Borough of Highland Park – Zoning Dept.

221 South 5th Avenue, Highland Park, NJ 08904
Phone: (732) 777-6013 Fax: (732) 777-6017

FOR OFFICE USE ONLY

Check # _____
Cash _____
Receipt # _____
Date: _____
Collected By: _____
Zoning Permit #: _____

Instructions:

1. Complete information requested below (type or print).
2. Attach a survey drawn to scale with dimensions, showing the property as it exists & indicating proposed changes/additions.
3. Sign & return the completed application to the Zoning Office with the appropriate fee: \$75.00 for residential, \$75.00 for Two Family, \$75.00 for Multi-Family, \$125.00 for Commercial.

Please make checks payable to the "Borough of Highland Park"

THIS IS NOT PERMISSION TO BEGIN WORK

IF CONSTRUCTION APPROVAL IS REQUIRED FOR THE WORK BEING DONE, PROCEEDING BEFORE PERMITS HAVE BEEN APPROVED AND ISSUED WILL RESULT IN A FINE

1. **Subject Property**
Address: _____ Block: _____ Lot: _____ Zone: _____
2. **Applicant**
Name: _____ Address: _____ Phone: _____
email: _____
3. **Owner**
Name: _____ Address: _____ Phone: _____
email: _____
4. **Indicate PRESENT use of property:**
 Residential: _____ One Family _____ Two Family _____ Multi-Family
 Commercial: _____ Retail _____ Office _____ Other _____
5. **Indicate PROPOSED use of property:**
 Residential: _____ One Family _____ Two Family _____ Multi-Family
 Commercial: _____ Retail _____ Office _____ Other _____
6. **Describe proposed construction, alteration, additions, intended use or any other changes:**

7. Will a **Change of Tenancy** be involved with this application?
 Yes No If yes, please describe: _____
8. To the best of your knowledge, have **Development Restrictions** been placed on the property?
 Yes No If yes, please describe: _____
9. Do you own, or have you formerly owned, **Property Adjacent** to the subject property?
 Yes No If yes, please describe: _____

CERTIFICATION: I (We) hereby certify that the statements contained herein are true & accurate.

Signature of Applicant	Date	Signature of Owner	Date
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Based on information submitted & requirements of the Borough's Land Use Ordinance, this application is:

- Approved: Building Permit Required Business License Required Health Dept. Review
 Denied Referred to the Zoning Board of Adjustment Referred to the Planning Board

COMMENTS: _____

Signature of Zoning Officer	Date
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