



DELAWARE TOWNSHIP
 DELAWARE TOWNSHIP HALL
 SERGEANTSVILLE, NEW JERSEY
 08557
 PHONE 609-397-3240 / FAX 609-397-4893

APPLICATION FOR ZONING PERMIT

BLOCK _____ LOT _____ ZONING DISTRICT (circle) A-1, A-2, V-1, V-2, C3, I-1, I-2

Name of applicant _____

Address _____

Owner & Address _____

Signature _____ Phone, (home) _____ (work) _____ (fax) _____

	EXISTING	PROPOSED	ACCESSORY STRUCTURE (Barn, pool, shed, fence, ect)	*TWP. REQUIREMENTS
Lot area	_____	_____	_____	_____
Lot Width	_____	_____	_____	_____
Lot Depth	_____	_____	_____	_____
Height	_____	_____	_____	_____
Setbacks				
Front	_____	_____	_____	_____
Rear	_____	_____	_____	_____
Left side	_____	_____	_____	_____
Right side	_____	_____	_____	_____
Total lot coverage	_____	_____	_____	_____

Is lot located in "Flood Zone" or "Special Flood Hazard Zone" per: F.E.M.A. _____

Are there known "Wetlands" on this lot _____

Have there been any "Variances", or "Site Plans" associated with this lot _____

Describe; detail, the existing & proposed activities to be conducted in the principal building _____

Describe: detail, the activities to be conducted in any accessory structure _____

This is to certify that the proposed use of this application is APPROVED DENIED

*The approval of this permit does not relieve the applicant of the responsibility for obtaining other required permits

Robert J. Miller _____ Zoning Officer Date _____