



# 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	_____	_____	_____	_____
<u>Setbacks</u>				
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

Michael P. Mullin \_\_\_\_\_ Zoning Officer Date: \_\_\_\_\_