

PERMIT # \_\_\_\_\_



## Borough of Stockton

P.O. Box M  
Stockton, New Jersey 08559  
Phone (609) 397-0070  
Fax (609) 397-4067

### APPLICATION FOR ZONING PERMIT

Date: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONING DISTRICT ( )R-1-40 ( )R-1-15 ( )R-1-10 ( )CR ( )PL

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Owner & Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

	EXISTING	PROPOSED	ACCESSORY STRUCTURE	BOROUGH 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 \_\_\_\_\_

- ATTACH OR INCLUDE COPY OF PLAN AND PROPERTY SURVEY TO APPLICATION
- INCLUDE CHECK FOR \$25.00 MADE PAYABLE TO: STOCKTON BOROUGH

PERMIT # \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

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 Miller, Zoning Officer**

\_\_\_\_\_  
**Date**

c: Construction Official  
Planning Board Secretary

l/r/d: 10/30/13