



PERMIT # _____

BOROUGH OF STOCKTON
2 Main Street
PO Box M
Stockton, New Jersey 08559

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: _____ Phone: _____ Email: _____

	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**
Email to: zoning@stocktonboronj.us
- **INCLUDE CHECK FOR \$25.00 MADE PAYABLE TO: STOCKTON BOROUGH**
- **CHECKS CAN BE MAILED OR DROPPED OFF AT BOROUGH HALL**

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