PERMIT # _____

BOROUGH OF STOCKTON
2 Main Street
PO Box M
Stockton, New Jersey 08859
www.stocktonboronj.us

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

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.

_____ **Date: _____**
Paul Hardifer, Jr., Zoning Officer

c: Construction Official
Planning Board Secretary