

ZONING PERMIT APPLICATION
Township of Cranford Zoning Office
8 Springfield Avenue, Cranford, New Jersey 07016
908.709.7216

OFFICE USE ONLY:

Date received: _____

Zoning Application No. _____

CHECK TYPE OF APPLICATION

- | | | |
|--|--|--|
| <input type="checkbox"/> New dwelling | <input type="checkbox"/> New commercial | <input type="checkbox"/> Demolition*** |
| <input type="checkbox"/> Residential addition | <input type="checkbox"/> Commercial addition | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Commercial interior | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Interior remodeling | <input type="checkbox"/> Sign/Awning** | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Fence* | <input type="checkbox"/> Driveway/Walkway/Patio | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Occupancy of any building/structure | <input type="checkbox"/> Commencement or change of use of a property/structure | <input type="checkbox"/> Pool**** |
| <input type="checkbox"/> Other _____ | | |

To ensure timely processing, please review this quick checklist before submitting your application:

_____ **Both sides** of application are complete, including **owner/applicant signatures**.

_____ You have provided **two (2) copies of a current survey/site plan along with any required construction drawings**. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys *must* be prepared by a land surveyor and not more than 10 years old.

_____ The Permit fee: **\$25.00 for single-family and two-family residences and \$50.00 for all permits other than those for single- and two-family residences**. Checks shall be made payable to: Township of Cranford.

If any of the requested information is missing or the application is incomplete, processing of the application will cease; applicants will be informed of same by letter.

* Indicate location, height, and type of fence on survey. Survey must be to scale and not more than 10 years old.

** For signs please provide the dimensions and location of the wall to which the sign would be attached.

*** Tank removal is exempted.

**** Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater and any decking, coping and aprons.

PLEASE PRINT CLEARLY:

1. Location of property for which Zoning Permit is desired:

Street Address: _____ Block(s): _____ Lot(s): _____ Zone: _____

2. Applicant's Name (*May be property owner, contractor, architect, etc.*): _____

Phone(s): _____ Email: _____

Applicant's Address: _____

3. Property Owner's Name (*If different from applicant*): _____

Phone(s): _____ Email: _____

Property Owner's Address: _____

Application continues on reverse side of page: → → → → → → →

4. Does Applicant hold a tax-exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]? Yes _____ No _____
5. Present approved use of or structure on the property: _____
6. Proposed new use or structure to be constructed on the property: _____

7. In detail, describe all work to be performed under this permit: _____

8. Has the property above been the subject of any prior application to the Planning Board or Zoning Board of Adjustment? Yes _____ No _____ If yes, provide date: _____ Board: Planning _____ Zoning: _____
Resolution # (if any): _____ (Submit a copy of the Resolution)
9. Is the proposed permit for an address located in a flood zone? Yes _____ No _____
10. Will there be a change in the grade of the property upon permit? Yes _____ No _____

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. **All zoning permits will be granted or denied within ten (10) business days from the date of complete application.**

Signature of **Applicant**

Date

Print Applicant's Name

Signature of **Owner** (if different from applicant)

Date

Print Owner's Name

OFFICE USE ONLY			
Fee rec'd: _____	Amount: \$ _____	Check#: _____	Cash: _____
Received by: _____			