



# TOWNSHIP OF MOUNT OLIVE

## Department of Planning

Mailing Address: P.O. Box 450, Budd Lake, N.J. 07828

Physical Address: 204 Flanders-Drakestown Road, Budd Lake, N.J. 07828

(973) 691-0900 Ext. #7313 (Fax) 973-691-0550

### RESIDENTIAL ZONING PERMIT APPLICATION

**PURPOSE:** Obtaining a Zoning Permit is required before applying for a Certificate of Occupancy or a Building Permit pursuant to § 550-23 *Zoning Permits* of Chapter 550, the Township's Land Use Ordinance. The purpose of a Zoning Permit: to ensure the building, structure and/or use complies with the zoning requirements of the Township of Mount Olive including setbacks and building coverage.

**PROCEDURE:** You will be notified within 10 business days from date of receipt of this application per N.J.S.A. 40:55D-18 that: (a) the Zoning Permit application is approved; (b) the Zoning Permit is denied for reasons to be clearly stated; or (c) the application is incomplete with a list of information/documents to be submitted.

**FEE:** A fee of \$25 is required prior to issuance of permit.

#### OWNERSHIP INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number & Email \_\_\_\_\_

Location of property: Street Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Print Owner's Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### APPLICANT INFORMATION (If different from ownership)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number & Email \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ATTACHMENTS REQUIRED

Please provide a copy of your survey (if available) showing location of proposed improvement (deck, shed, pool, fence, etc.) and details for proposed improvement (size, height, etc.)

#### DESCRIPTION

Please provide a description of the proposed improvement(s).

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