



Borough of Penns Grove Zoning Application



1 State Street
Penns Grove, NJ 08069
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housinginspector@pennsgrove-nj.org

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE NUMBER _____

NAME OF OWNER IF DIFFERENT FROM APPLICANT _____

ADDRESS OF OWNER _____

TELEPHONE NUMBER _____

*owner consent is required

BLOCK _____ LOT _____

ADDRESS OF PROPERTY FOR WHICH ZONING PERMIT IS REQUESTED

DIMENSIONS OF LOT:

FRONTAGE _____ DEPTH _____ AREA _____ SQ. FEET

OFF STREET PARKING SPACE _____

DIMENSIONS OF PRINCIPAL BUILDING:

FRONT WIDTH _____ DEPTH _____ HEIGHT _____ AREA _____

SQ. FEET GROSS FLOOR AREA OF PRINCIPAL BUILDING:

FRONT _____ R. SIDE _____ L. SIDE _____ REAR _____

DIMENSION(s) OF ALL ACCESSORY BUILDINGS: _____

DESCRIBE IN DETAIL EXACTLY WHAT YOU ARE PLANNING TO DO:

STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED IN THE ABOVE ARE CONDUCTED AS A NON-CONFORMING USE (IF SO, STATE FACTS SUPPORTING THIS CONTENTION)

Office only- HAS THE ABOVE PROPERTY BEEN THE SUBJECT OF ANY PRIOR APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OR PLANNING BOARD? YES _____ NO _____ NOTES _____

Office only- ARE THE TAXES CURRENT AND IN GOOD STANDING? YES _____ NO _____ AMOUNT DUE: _____

ON A COPY OF THE PROPERTY SURVEY SHOW THE LOCATION OF ALL BOUNDARIES STRUCTURES, MAJOR LANDSCAPE FEATURES AND ROUTES OF INGRESS AND EGRESS.

**IF A SURVEY IS UNAVAILABLE, DRAW THE PROPERTY FEATURES AND A PLOT PLAN OF THE LOT AND STREET ARRANGEMENTS IN THE SPACE PROVIDED BELOW.*

THE UNDERSIGNED ACKNOWLEDGES THAT NO ISSUANCE OF PERMIT, INSPECTION, OR APPROVAL BY THE ZONING OFFICER TO ANY AND ALL WORK HEREBY PERMITTED TO BE DONE, SHALL NOT CREATE OR ESTABLISH ANY LIABILITY UPON THE BOROUGH OF PENNS GROVE, IT'S AGENTS, EMPLOYEES, SUCCESSORS OR ASSIGNS.

ALL TAXES MUST BE CURRENT IN ORDER FOR THE ZONING OFFICER TO PROCESS ALL ZONING APPLICATIONS, PURSUANT TO BOROUGH ORDINANCE CHAPTER 213-3. APPLICATION; INSPECTION; OUTSTANDING TAXES AND CHARGES.

SIGNATURE OF THE OWNER AND APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE.

DATE _____

APPLICANT'S SIGNATURE x _____

OWNER'S SIGNATURE x _____

PERMIT REFUSED: YES _____ NO _____ REASON _____

PERMIT # _____ ISSUE DATE _____

x _____
ZONING ADMINISTRATIVE OFFICER

DATE