

Washington Township
Warren County, New Jersey

211 State Route 31 North
Washington, NJ 07882
908-689-1851
Fax. 908-835-1749

APPLICATION FOR ZONING PERMIT

Permit No. _____
Block _____ Lot _____
Zone _____

Applicant's Name _____
: Address _____
: Phone # _____ Fax _____

Address of property for which request is made _____
Name of property owner _____
Address of property owner _____
Purpose of Application and Use _____

Description of proposed structure (length, width, height) _____

Has this property been the subject of any prior application to the Land Use Board? _____
If yes, state the date, relief sought, and the results. _____

The following documentation shall be provided, if applicable; 1. Board approvals, 2. Driveway Permit, 3. Well and Septic Permits, 4. Food Handling Permit, 5. Soil Disturbance Permit, 6. Stream/Wetland Encroachment Permit, 7. Others required by law, 8. Property survey or Plot Plan

Date _____ Applicant signature _____ Owner's signature _____

ZONING OFFICER'S (Thomas Bocko) USE ONLY BELOW

This application meets all applicable zoning requirements of the Township of Washington

Zoning Officer _____ Date _____

Denied for the following reason: _____

Zoning Officer _____ Date _____