

**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 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 _____

THIS IS NOT A BUILDING PERMIT