

TOWNSHIP OF MAURICE RIVER
APPLICATION FOR ZONING PERMIT

BLOCK _____ LOT(S) _____ DATE OF APPLICATION _____

STREET ADDRESS OF PROPERTY _____

ZONE _____ () PINELANDS () NOT PINELANDS

1. Name of Applicant: _____

Mailing Address of Applicant: _____

P.O. Box or Street Address (mailing address only please)

City _____ State _____ Zip _____

Telephone: _____ Cell Phone: _____

2. Name of Owner (if different from applicant) _____

3. State applicant's authority for filing application (if other than owner): _____

4. Describe in detail the proposed project for this application. Use separate sheet if necessary and attach to application.

5. Give dimensions of principal building (i.e. house) _____

Give dimensions of all other existing accessory buildings _____

6. Attach to this form a plot drawing of existing buildings and proposed changes.

7. Has the above premises been the subject of any prior application to the Land Use Board to the applicant's knowledge? () Yes () No

8. Date property was purchased _____

9. Signature of applicant _____

Official Use Only

Date Received: _____ Approved: _____ Denied: _____

Tax Status: () Current () Delinquent

Zoning Permit issued on _____ Permit No. _____

Inspections were performed on the following dates: _____

Comments: _____

Zoning Officer