

BOROUGH OF FOLSOM

APPLICATION FOR ZONING PERMIT

1. BLOCK _____ DATE _____ ZONING CLASSIFICATION _____
LOT _____

2. OWNER _____
ADDRESS _____
PHONE NUMBER _____
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM APPLICANT _____

NEW _____ CHANGE OF USE _____ IMPROVEMENT _____
REQUESTED USE OF PROPERTY (BE SPECIFIC) _____
PROPOSED USE & SPECIFIC TYPE OF BUSINESS _____
DIMENSIONS OF PRINCIPAL BUILDING HEIGHT _____ LENGTH _____ WIDTH _____
DIMENSIONS OF ALL ACCESSORY BUILDINGS _____

PLOT PLAN SHOWING EXISTING BUILDINGS AND PROPOSED BUILDINGS INCLUDING FRONT, SIDE AND REAR YARD SETBACKS MUST BE INCLUDED

3. CIRCLE ON PLEASE: I am the Property Owner, Contractor, Tenant, Other (specific _____) making the application. I hereby certify that the owner of record authorizes the proposed work and as his/her/their agent, we agree to conform to all applicable laws and regulations of the jurisdiction.
APPLICANT SIGNATURE _____ PRINT NAME _____ DATE _____

4. CONTACTOR'S NAME _____ CONTACT PERSON _____
ADDRESS _____ PHONE _____ FAX _____

5. SETBACKS Front Line _____ Rear Line _____ Right Side Line _____ Left Side Line _____

6. FENCES (Height) Front Yard _____ Side yard _____ Rear Yard _____ will fence enclose a pool _____

FOR OFFICE USE ONLY

THIS APPLICATION HAS BEEN EXAMINED AND FOUND TO BE PERMITTED BY ORDINANCE NUMBER _____
THIS APPLICATION IS DENIED BECAUSE OF NON-COMPLIANCE WITH THE FOLLOWING SECTIONS OF THE ZONING CODE _____
REASONS APPLICATION DENIED OR INCOMPLETE _____ USE VARIANCE REQUIRED _____ BULK VARIANCE REQUIRED _____
WORK REQUIRES PRIOR APPROVALS _____ OTHER _____

* Application is approved for the removal of existing stock piled material during the permit renewal process. Additionally, the

STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED ABOVE ARE CONDUCTED AS A NON-CONFORMING USE _____

REJECTED APPLICATIONS CAN BE REVISED TO COMPLY WITH THE ZONING CODE OR YOU MAY APPLY TO THE ZONING BOARD OF ADJUSTMENTS FOR RELIEF OF THE ZONING OFFICER'S DECISION.

WHEN A VARIANCE IS OBTAINED, A COPY OF THE RESOLUTION MUST BE ATTACHED TO THE APPLICATION.

PROPOSED PROJECT WAS APPROVED BY THE PLANNING/ZONING BOARD _____ APPROVAL DATE _____
APPROVAL # _____
APPLICATION APPROVED _____ DATE _____

SIGNATURE OF ZONING OFFICIAL
CASH _____ CHECK # _____ RECEIPT# _____ ZONING PERMIT# _____

INITIALS _____ DATE _____

ZONING OFFICER'S SIGNATURE _____ DATE _____