Cedar Grove Zoning Application
Permit and Certificate of Compliance

File Date: _____ Permit #:_____Fee $_____

APPLICATION

The undersigned seeks a permit for property located in the _____ Zone on Block _____,

Lot _____ located at _____Please describe the proposed work to be performed

and/or the occupancy requested:_____

_____ _____ _____
Applicant's Signature Applicant's Name (**Print**) App's Phone #

If applicant is not the property owner for whom this permit is being taken out for please provide homeowners name, addressed and phone number:_____

_____ _____ _____
Name of Contractor NJ State Contractor Reg # Phone #

To the best of your knowledge has any variances ever been granted on this property? _____

This application must be accompanied by a property survey which shows the proposed improvements with all applicable dimensions in accordance with the indicated scale. This survey shall reflect all structures that currently exist such as patio, deck, walkway, driveways, sheds, swimming pool, addition, ect…
(A copy of the original survey is acceptable but is shall not be reduced, faxed or enlarged in size.)

Any information lacking shall result in the delay of processing your application.

Permit: (Official Use Only)

The undersigned has reviewed the above application and all supporting documentation. The application either conforms to or violates the Township of Cedar Grove Zoning Code. See below. If application is being submitted as a result of a variance please indicate Case #_____

Approved:_____ Denied: _____

Date:_____ _____
Zoning Officer

Remark:_____
_____
_____

Certification

The work or operation associated with this permit has been inspected and is hereby completed in conformity with this permit.

Date:_____ Zoning Officer:_____