



## BOROUGH OF ESSEX FELLS

255 ROSELAND AVENUE

ESSEX FELLS, NJ 07021

(973)226-3400 FAX (973)228-4439

FEE: \$85.00

### ZONING PERMIT

ZONING OFFICER: CARL THUNELL

COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE  
INSTRUCTION SHEET AND APPLICABLE FEES:

<input type="checkbox"/> MINOR RESIDENTIAL ALTERATION	<input type="checkbox"/> ALTERATIONS TO MULTI-FAMILY AND/OR	APPL. NO. _____
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NON RESIDENTIAL STRUCTURES: SIGNS	DATE _____
<input type="checkbox"/> RESIDENTIAL ALTERATIONS	<input type="checkbox"/> NEW NON-RESIDENTIAL STRUCTURE CONSTRUCTION	BLOCK _____
<input type="checkbox"/> NEW SINGLE FAMILY STRUCTURE	<input type="checkbox"/> CERTIFICATE OF NON-CONFORMITY	LOT _____
<input type="checkbox"/> NEW MULTI-FAMILY STRUCTURE	<input type="checkbox"/> CHANGE OF OCCUPANCY	
<input type="checkbox"/> NEW TWO-FAMILY STRUCTURE	<input type="checkbox"/> OTHER (DESCRIBE) _____	

APPLICANTS NAME: \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

APPLICANTS ADDRESS \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_

LOCATION OF PROPERTY FOR WHICH ZONING PERMIT IS DESIRED: ZONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

USE OF PROPERTY: COMMERCIAL \_\_\_\_\_ OFFICE \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_ OTHER \_\_\_\_\_

DESCRIBE PRESENT USE: \_\_\_\_\_

DESCRIBE PROPOSED USE: \_\_\_\_\_

DESCRIBE PROPOSED CONSTRUCTION, ALTERATIONS, ADDITIONS OR CHANGES AT THE SUBJECT SITE \_\_\_\_\_

IS A CHANGE OF OCCUPANCY OR TENANCY INVOLVED IN THIS APPLICATION: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE: \_\_\_\_\_

DO YOU PRESENTLY OWN OR HAVE YOU EVER OWNED PROPERTY ADJACENT TO THE SUBJECT SITE:

YES \_\_\_\_\_ NO \_\_\_\_\_

HAS THE PREMISES BEEN THE SUBJECT OF PRIOR APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OR  
PLANNING BOARD TO THE APPLICANTS KNOWLEDGE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE DATE: \_\_\_\_\_ BOARD: \_\_\_\_\_ RESOLUTION # \_\_\_\_\_

DISPOSITION OF APPLICATION \_\_\_\_\_

ALL APPLICATIONS MUST BE SIGNED: \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

PROPERTY OWNER SIGNATURE OR DESIGNATED AGENT \_\_\_\_\_ PRINT NAME \_\_\_\_\_

OFFICE USE ONLY:

BASED ON THE INFORMATION SUBMITTED AND THE REQUIREMENTS OF THE BOROUGH ZONING ORDINANCE, YOUR  
APPLICATION FOR ZONING PERMIT IS: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS OF CODE OFFICIAL: \_\_\_\_\_

ZONING OFFICER, CARL THUNELL \_\_\_\_\_

DATE: \_\_\_\_\_