



FRANK DeLORENZO, JR.  
CHIEF ADMINISTRATOR  
CONSTRUCTION OFFICIAL  
ZONING OFFICER

# Township of Belleville

152 Washington Avenue  
Belleville, New Jersey 07109  
(973) 450-3410 • Fax (973) 450-9309

CODE ENFORCEMENT  
DEPARTMENT  
BUILDINGS  
PLUMBING  
ELECTRICAL  
FIRE  
ZONING  
PLANNING  
MAINTENANCE

**FENCE PERMIT  
TOWNSHIP OF BELLEVILLE  
CODE ENFORCEMENT DEPARTMENT  
ZONING CHAPTER XXIII-ARTICLE 23-18.6.1  
973-450-3410**

*Fence \$25.00  
Zoning \$100.00  
125.00 Total*

**SUBJECT TO FIELD INSPECTION: FEE:\$25.00 CHECK #** \_\_\_\_\_

**PERMIT #F** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**WORK SITE LOCATION:** \_\_\_\_\_

**INTERIOR LOT:** \_\_\_\_\_ **CORNER LOT:** \_\_\_\_\_

**CONTRACTOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**DESCRIPTION & SIZE & HEIGHT OF FENCE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**FRANK DeLORENZO, JR.-  
CONSTRUCTION OFFICIAL**

**\*\*PROVISIONS MUST BE MADE TO PREVENT WATER RUNOFF ONTO NEIGHBOR'S PROPERTY.**

**SURVEY OF PROPERTY REQUIRED.**

**PLEASE CONTACT OFFICE FOR A FINAL INSPECTION.**

**USE GROUP** \_\_\_\_\_



FRANK DeLORENZO, JR.  
CHIEF ADMINISTRATOR  
CONSTRUCTION OFFICIAL  
ZONING OFFICER

## TOWNSHIP OF BELLEVILLE

152 Washington Avenue  
Belleville, New Jersey 07109  
(973) 450-3410 • Fax (973) 450-9309

BUILDINGS  
PLUMBING  
ELECTRICAL  
FIRE  
ZONING  
PLANNING  
MAINTENANCE

### TOWNSHIP OF BELLEVILLE CODE ENFORCEMENT DEPARTMENT

#### ATTENTION HOMEOWNERS AND FENCE CONTRACTORS

**THIS MUST BE SIGNED AND ATTACHED TO YOUR FENCE PERMIT OR  
PERMIT WILL NOT BE ACCEPTED.**

ANY FENCE ERECTED IN THE TOWNSHIP OF BELLEVILLE MUST BE IN  
COMPLIANCE WITH SECTION 23-18.6.1

ANY DEVIATION TO SAID ORDINANCE WILL BE THE SOLE  
RESPONSIBILITY OF THE HOMEOWNER AND OR LISTED CONTRACTOR  
TO CORRECT THOSE CONDITIONS AT HIS OR HER OWN EXPENSE.

ANY ENCROACHMENTS OF PROPERTY LINES MUST BE CORRECTED  
IMMEDIATELY.

ADDRESS: \_\_\_\_\_

HOMEOWNER'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

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

LICENSED CONTRACTOR'S NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_ LICENSE # \_\_\_\_\_

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

FDL/jp 4/08

Frank DeLorenzo, Jr.  
Construction Official – Zoning Officer





FRANK DeLORENZO, JR.  
CHIEF ADMINISTRATOR  
CONSTRUCTION OFFICIAL  
ZONING OFFICER

# Township of Belleville

152 Washington Avenue  
Belleville, New Jersey 07109  
(973) 450-3410 • Fax (973) 450-9309

CODE ENFORCEMENT  
DEPARTMENT  
BUILDINGS  
PLUMBING  
ELECTRICAL  
FIRE  
ZONING  
PLANNING  
MAINTENANCE

## ZONING PERMIT FEE \$100.00 TYPE OF APPLICATION-CHECK ONE:

<input type="checkbox"/>	MINOR RESIDENTIAL-ALTERATION	<input type="checkbox"/>	ALTERATIONS TO MULTI-FAMILY AND/OR
<input type="checkbox"/>	RESIDENTIAL-RESALE	<input type="checkbox"/>	NON-RESIDENTIAL STRUCTURES-SIGNS
<input type="checkbox"/>	RESIDENTIAL-ALTERATION	<input type="checkbox"/>	NEW NON-RESIDENTIAL STRUCTURE CONSTRUCTION
<input type="checkbox"/>	NEW SINGLE-FAMILY STRUCTURE	<input type="checkbox"/>	CERTIFICATE OF NON-CONFORMITY
<input type="checkbox"/>	NEW MULTI-FAMILY STRUCTURE	<input type="checkbox"/>	CHANGE OF OCCUPANCY
<input type="checkbox"/>	NEW TWO-FAMILY STRUCTURE	<input type="checkbox"/>	SHED- SIZE

### PLEASE PRINT:

1. APPLICANT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2. PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

3. LOCATION OF PROPERTY FOR WHICH ZONING PERMIT IS DESIRED: ZONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

4. USE OF PROPERTY: RESIDENTIAL \_\_\_\_; COMMERCIAL \_\_\_\_; OFFICE \_\_\_\_; INDUSTRIAL \_\_\_\_; OTHER \_\_\_\_  
DESCRIBE PRESENT USE: \_\_\_\_\_

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

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

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

7. DO YOU PRESENTLY OWN OR HAVE YOU EVER OWNED PROPERTY ADJACENT TO THE SUBJECT SITE:  
YES \_\_\_\_\_ NO \_\_\_\_\_

8. HAS THE SUBJECT PREMISES BEEN THE SUBJECT OF PRIOR APPLICATION TO THE ZONING BOARD OF  
ADJUSTMENT OR PLANNING BOARD TO THE APPLICANT'S KNOWLEDGE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES STATE  
DATE: \_\_\_\_\_ BOARD: \_\_\_\_\_ RESOLUTION # \_\_\_\_\_  
DISPOSITION OF APPLICATION: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

PRINT NAME (APPLICANT) \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE OR DESIGNATED AGENT \_\_\_\_\_

PRINT NAME (OWNER) \_\_\_\_\_

### OFFICE USE ONLY:

BASED ON THE INFORMATION SUBMITTED AND THE REQUIREMENTS OF THE TOWNSHIP ZONING ORDINANCE, YOUR  
APPLICATION FOR A ZONING PERMIT IS HEREBY \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS ON DECISION: \_\_\_\_\_

ZONING OFFICER, FRANK DeLORENZO, JR. \_\_\_\_\_

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