

COLTS NECK TOWNSHIP ZONING APPLICATION

*****COMPLETE APPLICATIONS MUST INCLUDE SURVEY/PLOT PLAN DRAWN TO SCALE SHOWING ALL EXISTING & PROPOSED STRUCTURES, DRIVEWAYS, PATIOS, SHEDS, POOLS, LOT LINES AND EASEMENTS ALONG WITH A \$50.00 FEE**

ACTIVITY FOR WHICH ZONING APPLICATION IS DESIRED (check all that apply):

- ☐ Shed ☐ New Home ☐ Addition ☐ Change of Occupancy ☐ Fence
☐ Pool ☐ Stable/Barn ☐ Deck ☐ Signs ☐ Office/Retail
☐ Other – please describe: _____

PLEASE PRINT

1. Applicant's Name: _____ Telephone No. _____
Applicant's Address: _____
Applicant's Email Address: _____
2. Property Owner's Name: _____ Telephone No. _____
Property Owner's Address: _____
3. Location of property for which Zoning Permit is desired: _____
Block #: _____ Lot #: _____ Zone: _____
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 ☐
If yes, describe: _____
7. Do you presently own or have you ever owned property adjacent to the subject site: Yes ☐ No ☐
If yes, describe: _____
8. Will the proposed construction increase the number of bedrooms in a single family dwelling? Yes ☐ No ☐
If yes, you must contact the Township Health Officer at 732-462-5470 ext. 109
9. Include location of Septic System Components and Water Well location on plans.
10. Has the subject 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: _____ Disposition of Application: _____

ALL APPLICATIONS MUST BE SIGNED:

Property Owner, Applicant or Designated Agent Signature

Print Name

Date