



TOWNSHIP OF PITTS GROVE

989 Centerton Road
Pittsgrove, New Jersey 08318
(856) 358-2300, Ext.6029 • Fax (856) 358-3055
www.pittsgrovetownship.com

APPROVED

DENIED

APPLICATION FOR ZONING PERMIT

Date _____

Application # _____

SECTION 1. Zone _____ Block _____ Lot _____

Lot Width _____ Depth _____ Acres _____ Irregular _____

(Applicant): _____, do hereby make application for a permit to alter/construct a _____.

The purpose or use of the structure will be: PERSONAL, BUSINESS, FARM, OTHER: _____

Proposed location (address): _____

Owners Name: _____ Contractor: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone #: _____ Phone #: _____

The proposed construction will have an area of _____ sq. ft., _____ ft. wide, _____ ft. long

and will be set back from the property lines:

FRONT: _____	REAR: _____	RIGHT: _____	LEFT: _____	HEIGHT: _____
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Wetlands: Are Are not present on lot.

List ALL structures on property _____

I certify that all information entered on this application is true. Any falsifications may subject the applicant to severe penalties and possible revocation of permit. **I accept all responsibility for accurate setbacks, final grading and drainage issues.**

NO STRUCTURES/CONSTRUCTION SHALL BE PERMITTED IN WETLAND AREAS, RIGHT OF WAYS, BUFFERS OR EASEMENTS

Signature _____, **I have read and understand the above & reverse side information.**

SECTION 2. (official use only)

Other Permits or Approvals must be obtained through the: Planning Board Township Engineer
 Construction Office Department of Health DEP Other _____
 A.C.E. P.S.E. & G.

Zoning permit fee in the amount of \$ _____ has been paid. Cash Check # _____

Zoning Officer _____, Date _____

Road Access _____, Taxes Paid _____, PB Resolution _____, Other _____

NOTES _____

VOID AFTER 6 MONTHS

NON-TRANSFERABLE