

WEST WINDSOR TOWNSHIP ZONING PERMIT APPLICATION

ZONING / HEALTH / ENGINEERING / CONSTRUCTION
(609) 799-9448 (609) 936-8400 (609) 799-9396 (609) 799-8490

Date _____ Block _____ Lot _____

Property Location (Address) _____

Property Zoned _____

Property Owner _____ Telephone _____

Contractors Name _____ Telephone _____

Contractors Address _____

Is property on SEPTIC or SEWER? (please circle)

Homeowners Association Approval (if applicable) _____

PROJECT DESCRIPTION (Type of work proposed) _____

The information I have submitted for this project is complete and accurate to the best of my knowledge.

Signature of Owner

Name of Individual to be notified _____

Address or Phone Number _____

FOR OFFICE USE ONLY

Zoning Approval
or Denial Date

Zoning Permit Control Number _____

_____ Date Approval granted since such use, structure or building complies with the provisions of the municipal zoning ordinance or variance there from duly authorized by a municipal agency pursuant to NJSA 40:55D-60 and 40:55D-70.

_____ Date Application denied.

Manager, Division of Land Use/Zoning Officer

COMMENTS

_____ **HEALTH**
Date sent to _____

_____ Date approved by Health

_____ **ENGINEERING**
Date sent to _____

_____ Date approved by Engineering

THIS IS YOUR ZONING APPROVAL PERMIT. YOU ARE STILL REQUIRED TO OBTAIN THE NECESSARY PERMITS THROUGH THE CONSTRUCTION, ENGINEERING AND HEALTH DEPARTMENT BEFORE BEGINNING WORK IF APPLICABLE.

APPLICATION FEE: \$35.00

NOTIFIED

Spoke to: _____ Date: _____

Message: _____ Date: _____