

TOWNSHIP OF NORTH BERGEN

4233 Kennedy Blvd., Room 208, North Bergen, NJ 07047 – 201-392-2051

APPLICATION FOR ZONING PERMIT

(Most recent copy of survey required)

Date Received by Building Department: _____

Name of Applicant: _____

Address of Applicant: _____

Name and address of owner (if different from applicant): _____

Block and Lot numbers and street address of premises for which zoning permit is desired:

State dimensions of principal building: _____

State dimensions of all accessory buildings: _____

Describe (in detail) the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings:

State whether any of the activities described above are conducted as a non-conforming use: (if so, state facts supporting this contention):

Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge?

Date: _____

(Applicant)

(Individual)

ATTEST:

(Name of Corporation or Association)

(Secretary)

By: _____
(Authorized Officer)

Township Permit Fee: \$50.00

Date Paid: _____

Check #: _____

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ZONING PERMIT

Date of Application: _____

Block: _____ Lot: _____

Applicant #: _____

Owner: _____

Date of Permit: _____

Address: _____

Address of Permit: _____

Zoning District: _____

Phone #: _____

This is to certify that the above described premises, together with any building thereon, are used or proposed to be used as or for:

which is a:

- ☐ Use permitted by Ordinance;
- ☐ Use permitted by variance approved on subject to any special conditions attached to the grant thereof;
- ☐ Valid nonconforming use as established by ☐ finding of the Zoning Board of Adjustment, or ☐ by the undersigned Zoning Officer on the basis of evidence supplied by Applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detailed statement of all aspects of the nonconforming use;
- ☐ There is a nonconforming structure on the premises by reason of insufficient ☐ set-back, ☐ side yards, ☐ rear yard, ☐ other (specify):

(Zoning Officer)

(Date)

(to be issued in duplicate)