

TOWNSHIP OF GREENWICH
ZONING ADMINISTRATION
APPLICATION FOR ZONING PERMIT

DATE: _____

PROPERTY OWNER: _____ PHONE NO.: _____

CELL PHONE NO.: _____ BUSINESS NO.: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

BLOCK NO.: _____ LOT NO. _____

PROPERTY DIMENSIONS: (If known) Lot width: _____ Lot area: _____

ZONE: R-1, R-2, R-2A, R3, R-10, R20, C-1, BP, SC OR MD ?: _____

REASON FOR APPLICATION:

Accessory Building: _____ Garage: _____ Shed: _____

Addition to Dwelling: _____ Fencing: _____ Wind or Solar Energy: _____

Deck _____ Pool: _____ Other: _____

ADDITIONAL INFORMATION: ie; Length and Height of fence. Size and dimension of accessory building. Size of addition. Size of garage, etc.: _____

CONTRACTOR: _____

Owner: _____ Street: _____ City: _____

State: _____ Zip: _____ Phone No. _____ Cell Phone No.: _____

CONTRACTOR'S N.J. LICENCE NO. # _____ Fed ID # _____

DATE PROJECT TO BEGIN: _____ Expected completion date: _____

NAME OF APPLICANT: (Printed and legible) _____

SIGNATURE OF APPLICANT: _____ DATE: _____

ZONING PERMIT FEE: **\$50.00**

Note: Please attach or supply; 1.) **survey of the property** and 2.) **plans for the construction** for attachment to the permit. Thank You!

CASH: _____ CHECK: _____ AMOUNT: _____ REC'D BY: _____

Joseph Giordano, Jr.

Zoning Administrator (856) 423-9129 Ext: 214