



COAH FEES: YES _____ NO _____
ENGINEERING FEES: YES _____ NO _____

BOROUGH OF FAIR HAVEN

748 River Road
Fair Haven, NJ 07704
732-747-0241

Zoning Permit Application

Application Number: _____ Date received by Zoning Office: _____

TYPE OF APPLICATION

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> New dwelling | <input type="checkbox"/> New commercial | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Residential addition | <input type="checkbox"/> Commercial addition | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Accessory building/Garage/Shed | <input type="checkbox"/> Commercial interior | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Interior remodeling | <input type="checkbox"/> Sign | <input type="checkbox"/> Pool** |
| <input type="checkbox"/> Fence* | <input type="checkbox"/> Driveway/Walkway/Patio | |
| <input type="checkbox"/> Occupancy of anybuilding/structure | <input type="checkbox"/> Commencement or change of use of a property/structure | <input type="checkbox"/> Other _____ |

*Indicate location, height, and type of fence on survey/plot plan.

**Pools require a fence. Please indicate type, height, and location of fence as well as location of pool mechanical equipment.

REQUIRED DOCUMENTS

- Two (2) copies of current Survey / Site / Plot Plan*
- Zoning Table Worksheet – see attached on page 3
- Three (3) copies of Architectural / Construction plans
- Electronic PDF copies of all files (if available)
- Permit Fee: \$100 for RESIDENTIAL (\$200 for New Dwelling) and \$200 for COMMERCIAL (Checks made payable to **Borough of Fair Haven**)
- Historic District – Review and Memorandum of Action (if applicable)
- Tree Removal Permit (if applicable)
- Street Opening Permit (if applicable)
- Outside Agency Review & Approval: i.e. NJDEP, Freehold Soil Erosion and Sediment Control, etc. (if applicable)

***Survey must be less than 10 years old, and must show proposed improvements as well as existing conditions including exact location of all physical features, metes and bounds, drainage, waterways, utility locations and easements, all drawn to scale. All surveys/plans *must* be prepared by a New Jersey licensed Professional Engineer or land Surveyor (signed/sealed).**

If any of the requested information is incomplete, the application shall be returned unprocessed.

(Please Print Clearly)

1. Location of property for which zoning permit is desired:
Street Address: _____ Block: _____ Lot(s): _____ Zone: _____
2. Applicant Name: _____ Tel. No. _____ EMAIL _____
Applicant's Address: _____
3. Property Owner's Name: _____ Tel. No. _____ EMAIL _____
Property Owner's Address: _____
4. Present Approved Zoning Use of the Property (See Table A and Table B § 30-5.1 for the list of uses): _____
5. Proposed Zoning Use of the Property: _____
6. Does Applicant hold a tax-exempt status under the Federal IRS Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]? Yes _____ No _____
7. Describe in detail the activity or activities to be conducted in all structures on the property. State whether the activities described are conducted as a non-conforming use or if a non-conforming condition exists (use additional sheets if necessary): _____

8. Has the above premises been the subject of any prior application to the Planning Board/ Zoning Board of Adjustment?

Yes_ No_If yes, state date: _____

Board:_____Resolution # (if any):_____(Submit a copy of the Resolution)

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All zoning permits will be granted or denied within ten (10) business days from the date of complete application.

Signature of Applicant

Date

Print Applicant's Name

Signature of Owner (if different than applicant)

Date

Print Owner's Name (if different than applicant)

..... FOR OFFICE USE

ZPA Fee date:_____Check#:_____Cash:_____

Received by:_____Receipt#:_____

Approved_____Denied _____

COMMENTS:

ADDITIONAL FEES THAT MAY BE REQUIRED

AFFORDABLE HOUSING FEES: YES _____ NO _____

ENGINEERING FEES: YES _____ NO _____

Appeals of the Zoning Office's determination must be filed within 20 days of the date of issuance to the Planning/Zoning Board as provided by the New Jersey Municipal Land Use Law. Appeal forms are available from the office of the Planning/Zoning Board Secretary. *This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions.* The Board reserves the right to deem additional information and/or variances required. Approved zoning permits are valid for one year and may be extended to three years by action of the Planning Board.

Nicolas J. Poruchynsky, Zoning Officer

Date

ZONING TABLE WORKSHEET



Property Address: _____

Zone: _____

Block: _____ Lot: _____

Use: _____

	<u>UNITS</u>	<u>ORDINANCE SECTION</u>	<u>REQUIRED AS PER ZONE</u>	<u>EXISTING</u>	<u>PROPOSED</u>	<u>COMPLIES PER CODE* (Y/N)</u>
Minimum Lot Requirements						
Area	SF	TABLE C				
Frontage	FT	TABLE C				
Width	FT	TABLE C				
Depth	FT	TABLE C				
Minimum Yard Requirements						
<i>Principal Building and Structure</i>						
Depth	FT	TABLE C				
Front Setback	FT	TABLE C				
Rear Setback	FT	TABLE C				
One Side Yard Setback	FT	TABLE C				
Total Side Yard Setback	FT	TABLE C				
<i>Accessory Building and Structure</i>						
Rear Setback (Feet)	FT	TABLE C				
Side Setback (Feet)	FT	TABLE C				
Maximum Square Footage	SF / %	30-7.8.f				
Maximum Height	FT	30-7.26.f / TABLE C				
Refer to the following Ordinance sections for details						
Accessory Structures		30-7.8				
Detached Garages		30-7.26				
Sheds		30-7.8.a.3(b)				
Maximum Allotments						
Maximum Lot Coverage	%	TABLE C				
Maximum Habitable Floor Area Ratio	#	TABLE C				
Maximum Habitable Floor Area	SF	TABLE C				
Maximum Building Coverage	%	TABLE C				
Maximum Principal Building or Structure Height	FT	TABLE C				
Maximum Stories	#	TABLE C				
Maximum Accessory Building or Structure Height	#	TABLE C				

* (NC) Existing Non-Conformity

(X) Variance / Non-conformity Eliminated

(E) Existing Variance

(W) Proposed Waiver

(V) Proposed Variance

(N/A) Not Applicable

(I) Improved Condition

(N/S) Not Specified