

**Application for Zoning Permit
Township of Old Bridge**

Name _____ Address _____
(Property in question; PIQ)

Address _____ Phone _____
(mailing or if different than PIQ)

Property Owner's Name (if different than applicant): _____ or () same

Block: _____ Lot _____ () Residential () Commercial

Dimensions of principal building _____ Number of floors _____

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:

I wish to build a () Deck () Pool () Addition () Garage or Carport () Shed
() Porch () Gazebo or Cabana () Sign () New House
() Change in business use or occupancy

() Other-explain: _____

State whether any of the activities described above are conducted as a non-conforming use:

Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or the Planning Board to the applicant's knowledge? () yes, or () no (check)

Date _____

Applicant/individual's signature)

Attest:

(Secretary)

(Name of corporation or Association)

By: _____ (Authorized Officer)

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Date received by Zoning office _____ Received by _____
Receipt number _____ Check # _____ Survey/Plan () yes () no