



125 NORTH DELSEA DRIVE, CLAYTON, NEW JERSEY 08312

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THE BOROUGH OF CLAYTON
125 NORTH DELSEA DRIVE



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PLEASE READ INSTRUCTIONS
&
KEEP FOR YOUR RECORDS

INSTRUCTION SHEET FOR FILING OF ZONING PERMIT APPLICATION

APPLICATION FEE \$ **25.00**

1. This section must be filled out entirely by applicant. Failure to give all necessary information will make application null and void.
2. If applicant is not the owner of the premises, a copy of a lease or rental agreement must be attached to the application.
3. If permit is for the construction or renovation of dwellings or other buildings, the owner of the property must also sign application.
4. Whether for residential or for commercial purposes, an **extra application fee** is required (\$35.00) along with an **escrow account** that will be set up to pay for inspection fees for any construction of proposed additions and/or buildings, having a grade floor level, for a total of six-hundred (600) square feet or more.

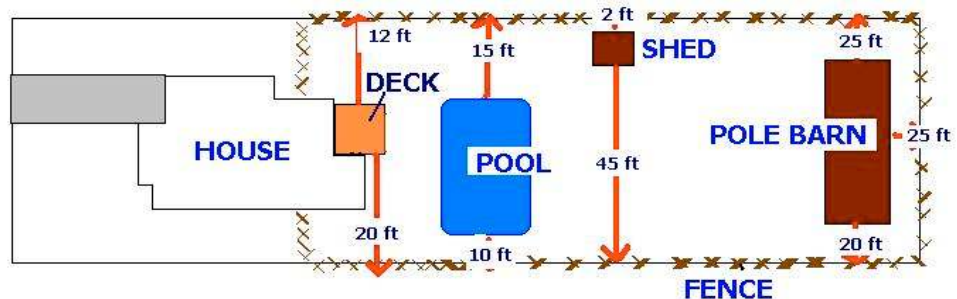
NOTE: CALL BEFORE YOU DIG IN NJ, TOLL FREE 1-800-272-1000 FOR FREE MARKOUTS TO LOCATE UNDERGROUND UTILITIES. "IT'S THE LAW"

GENERAL INFORMATION:

- Permits shall be granted or denied within ten (10) days of receipt by the Zoning Clerk of complete application provided tax payments are current.
- Any issued permit which has not been pursued and acted upon by the recipient for a continuous period of six (6) months shall lapse and be null and void.
- All applications with accompanying proofs, plans and documents shall become a public record.

APPLICATION **MUST INCLUDE** A COPY OF THE **PROPERTY SURVEY** SHOWING PROPOSED IMPROVEMENTS AND ALL RELATIVE DIMENSIONS AND DISTANCES OF THESE IMPROVEMENTS TO ALL PROPERTY LINES. FENCE HEIGHTS AND LOCATION MUST BE INCLUDED WHEN RELEVANT. SHEDS SHALL BE PLACED AT LEAST 2' FROM PROPERTY LINES, AT LEAST 5' BEHIND THE FRONTMOST PORTION OF THE PRINCIPAL BUILDING AND MAY NOT EXCEED 12' IN HEIGHT. SWIMMING POOLS SHALL BE LOCATED IN REAR YARD AND AT LEAST 10' FROM PROPERTY LINES.

SEE SAMPLE SURVEY BELOW



APPLICATION FOR ZONING PERMIT

CASH _____ CHECK # _____ BLOCK _____ LOT _____ DATE _____

APPLICANT OR TENANT/LESSEE: _____
ADDRESS: _____
PHONE #: _____
ADDRESS FOR WHICH PERMIT IS TO BE ISSUED: _____

Type of work: _____ Commercial _____ Residential
____ Addition* _____ Deck _____ Patio _____ Sunroom _____ Fence _____ SFD* _____ Shed
____ Pole Barn _____ In Ground Pool _____ Above Ground Pool _____ Accessory Use* _____ Other

____ Change of Occupant: Previous Occ. _____ New Occ. _____
____ Change of Use: Previous Use: _____ New Use: _____

____ Sign _____ New _____ Replacement _____ Temporary _____ Banner

Signs must include a Color Rendition and Dimensions with the application

Please Note: This permit is for Borough Roads Only. A separate permit is needed from the County or State for signs on County or State Roads.

APPLICATION MUST INCLUDE PROPOSED IMPROVEMENTS (i.e., fence, deck) AND ALL RELATIVE DIMENSIONS AND DISTANCES TO ALL PROPERTY LINES (see sample). FENCE HEIGHTS AND LOCATION MUST BE INCLUDED WHEN RELEVANT. SHEDS SHALL BE AT LEAST 2' FROM PROPERTY LINES & AT LEAST 5' BEHIND THE FRONTMOST PORTION OF THE PRINCIPAL BUILDING AND MAY NOT EXCEED 12' IN HEIGHT.

Description of work and use: _____

**In accordance with plans as set forth in attached diagram, the applicant agrees such work will be done as described and that it will comply with all provisions of the Building Code, Zoning Ordinance, Chapter 61-Grading Ordinance #18-08, and other applicable ordinances of the Borough of Clayton.

****If area content is over 600 square feet (i.e., 601 square feet and over), you must also submit \$35.00 Application Fee and have an escrow set up for inspections and review fees. See Chapter 61-Grading Ordinance #18-08. ****

____ The above premises have been the subject of prior approvals before the Combined Planning/Zoning Board. Resolution Number _____ dated _____.

Applicant: _____
Print Name Signature

Owner: _____
Print Name Signature

NOTE: ANY ISSUE PERMIT WHICH HAS NOT BEEN PURSUED AND ACTED UPON FOR A CONTINUOUS PERIOD OF SIX (6) MONTHS SHALL BE LABELED NULL AND VOID.

Zoning Permit Fee of \$ _____ has been paid by: _____
Taxes on Property are _____
Permit Number _____ Date: _____

(Zoning Officer)
Ordinance #18-08 fee of \$ _____ has been paid by _____