

## **BOROUGH OF CLAYTON, NJ**

## 125 NORTH DELSEA DRIVE, CLAYTON, NJ 08312

Phone: (856) 881-2882 Fax: (856) 881-0153 www.claytonnj.com

## **ZONING PERMIT APPLICATION**

Date	Fee	Check#	Cash	Block	Lot	Zone
Owner:	Applicant or Tenant:					
Authorized Age	nt: Must subr	nit signed affidavit t	from owner aut	horizing Agent to	secure Zoning	g Permit
Address of App	licant:					
Phone #: (	_)		Cell Phone	<del>:</del> #: ()		
E-Mail Address	:					
Address for whi	ch permit is t	o be issued				
Type of work:		Commerci	al _	Residential		
New Home Garage Shed	Fence Deck Solar Panels –	c Driveway INCLUDE # OF PANEI	Other In Groun	nd Pool Above Gr ON	round Pool Si	gn Addition
Structures (I.E. New	v Home, Addition	ns, Garages, Sheds)	Length	Width	Hei	ght
Change of Occupan	t/Owner: Prev. 0	Occ.:		New Occ:		
	FUse: Prev. Use.: New Use:					
Applications mu  1. A copy of the sea	ust be submit	land survey; not tax map	o, A DRAWING IS	NOT SUFFICIENT.	This shows the la	
& use above.  a. Sign applications for Signs on County b. If you are a tenan c. Attach  2. Appropriate fee of structure is grea	must include a cy or State Roads.  it: An executed let a copy of Home if \$35.00  ter than 600 sq.		sions with applicat in Zoning Permit aproval, if applicable cation approval is	ion. Note: A separate oproval. required from Town	permit is needed i	See description of work from the County or State
I hereb accurate and tra above statement	by certify that ue knowing t	the information ful hat the Zoning Offi twill nullify the per	rnished on this cer will rely up	application and on the accuracy.	all supplemen I understand	ntal materials is I that if any of the
Applicant:	Dr	int Name		Signature		
Owner:		int Name		Signature		
Taxes on Proper	rtv ore		r	DENIED OR APP	POVED	
Permit #				ionature	KO V ED	