COLTS NECK TOWNSHIP ZONING APPLICATION

*****COMPLETE APPLICATIONS MUST INCLUDE SURVEY/PLOT PLAN DRAWN TO SCALE SHOWING ALL EXISTING & PROPOSED STRUCTURES, DRIVEWAYS, PATIOS, SHEDS, POOLS, LOT LINES AND EASEMENTS ALONG WITH A $50.00 FEE**

ACTIVITY FOR WHICH ZONING APPLICATION IS DESIRED (check all that apply):

Shed	New Home	Addition	Change of Occupancy	Fence
Pool	Stable/Barn	Deck	Signs	Office/Retail

Other – please describe: _____

PLEASE PRINT

1. Applicant's Name: _____ Telephone No._____

   Applicant's Address: _____

   Applicant's Email Address: _____

2. Property Owner's Name: _____ Telephone No. _____

   Property Owner's Address: _____

3. Location of property for which Zoning Permit is desired: _____

   Block #: _____Lot #:_____Zone:_____

4. Use of Property: Residential ; Commercial ; Office ; Industrial ; Other

   Describe present use: _____

   Describe proposed use:_____

5. Describe proposed construction, alterations, additions or changes at the subject site: _____

   _____

6. Is a change of occupancy or tenancy involved in this application: Yes No

   If yes, describe: _____

7. Do you presently own or have you ever owned property adjacent to the subject site: Yes No

   If yes, describe: _____

8. Will the proposed construction increase the number of bedrooms in a single family dwelling? Yes No

   If yes, you must contact the Township Health Officer at 732-462-5470 ext. 109

9. Include location of Septic System Components and Water Well location on plans.

10. Has the subject premises been the subject of prior application to the Zoning Board of Adjustment or

    Planning Board to the applicants knowledge? Yes No

    If yes, state date: _____ Board: _____ Disposition of Application: _____

ALL APPLICATIONS MUST BE SIGNED:

_____

Property Owner, Applicant or Designated Agent Signature Print Name Date