

**BOROUGH OF PENNINGTON
ZONING PERMIT APPLICATION**

FEE: _____
DATE PD: _____
APPL #: _____

Owner: _____ Date: _____

Property Location: _____ Block: _____ Lot: _____

Lot Size: _____ Area: _____ Width: _____ Depth: _____

Present Zoning Classification: _____

Explain work to be done or proposed use: _____

FOR NON-RESIDENTIAL:

Change of Use: _____ Change of Occupancy: _____
(If answer is yes to either question, please fill out the next page)

<u>FOR NEW CONSTRUCTION OR ADDITIONS:</u>	<u>PRESENT</u>	<u>PROPOSED</u>	<u>(For Office Use) Zone Requirements</u>
Front Setback	_____	_____	_____
Rear Yard Setback	_____	_____	_____
Distance From:			
Left Property Line	_____	_____	_____
Right Property Line	_____	_____	_____
Building Height	_____	_____	_____
% of Lot Coverage	_____	_____	_____
Height-Side Yard Ratio	_____	_____	_____
Floor Area Ratio	_____	_____	_____
Gross Floor Area	_____	_____	_____
Additional Comments	_____		

Please include with your application a plot plan showing what is existing and what is proposed

I hereby certify that the above information and the attached plot plan are true and correct.

Print Name of Applicant

Signature of Applicant

Phone Number

For Office Use

Zoning Approved _____

Zoning Denied _____

Reason for Denial: _____

Zoning Officer

Date

BOROUGH OF PENNINGTON
CHANGE OF USE / OCCUPANCY INFORMATION

TYPE OF BUSINESS

(Check one or more that may apply)

Retail Sales	_____	Type of Products Sold:	_____
Professional Office	_____	Describe:	_____
Business Office	_____	Describe:	_____
Service Establishment	_____	Describe:	_____
Hours of Operation	Open _____ Close _____	Days of Week:	_____
Other:	_____	Describe:	_____

Number of Employees

Number of Weekly Visits

Full Time	_____	Customers	_____
Part Time	_____	Deliveries	_____
		Other (Explain)	_____

Will this business involve the use or handling of any hazardous materials?

Yes _____ (If Yes, Describe) _____

No _____

If yes, does Federal or State law require special registration?

Yes _____ (If Yes, Explain) _____

No _____

SQUARE FOOTAGE TO BE OCCUPIED

PROPOSED SIGNAGE _____

CHECK ANY AREAS OF WATER USAGE

KITCHEN	_____
BATHROOMS	_____
UTILITY SINKS	_____
OTHER (describe)	_____