Application for Zoning Permit
Township of Millstone
Residential/ Commercial

Fee $50.00

Block: _______ Lot: _______ Zone: _______

Worksite location: ____________________________________________________________

Property owner: ______________________________________________________________

Address of owner: ____________________________________________________________

Contractor/Applicant _________________________________________________________

Existing use: ______________________ Proposed use: ____________________________

Description of work: __________________________________________________________

Submit Three (3) copies of current survey plan indicating locations of all existing structures,
wetlands, all easements and location and size of proposed construction.

Proposed Structure Setbacks & Height:

Front: _____ Rear: _____ Left Side: ______ Right Side: ______ Height: _____ Lot Size (acreage): ______

Proposed Structure Setback from Septic: Tank ______ (min.10') Field: ______ (min.15'/slab, 25'/basement)

Check one: Corner lot: _____ Inside lot: ____ Thru Lot: ______

PRINT NAME __________________ SIGNATURE/APPLICANT __________ TELEPHONE _______ FAX _______

FOR OFFICE USE ONLY

Denial: __________________ Signature Zoning Officer _______ date

Comments: ________________________________________________________________

N.J.S. 40:55D-72a - An appeal from an administrative officer's determination must be taken within twenty (20) days of the officer's determination. Said appeal is to the Zoning Board of Adjustment by filing an Notice of Appeal/Application and paying the appropriate fees.

Approval: __________________ Signature Zoning Officer _______ Date

Comments: ________________________________________________________________

Date paid_______ Check #_______ Received by_______________________________

Rev. 4/15 Zoning
RESIDENTIAL/COMMERCIAL BUSINESS

Business Name: ________________________________

Business Address: ________________________________

Business Phone Number: ________________________________

Nature of Business: ________________________________

Type of Product/Service: ________________________________

Number of Employees: ________________________________

Applicant Name: __________________Signature_________________________Date: __________

Submit A Floor Plan Of Space Used For The Business

A BUSINESS LICENSE IS A SEPARATE APPLICATION AND WILL NOT BE ISSUED UNTIL A CCO HAS BEEN ISSUED THE BUILDING DEPARTMENT.