

# 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: \_\_\_\_\_
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. 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: \_\_\_\_\_  
Resolution #: \_\_\_\_\_ Disposition of Application: \_\_\_\_\_

## ALL APPLICATIONS MUST BE SIGNED:

\_\_\_\_\_  
Property Owner, Applicant or Designated Agent Signature      Print Name      Date