

**White Township
Warren County, New Jersey**

555 CR 519
Belvidere, NJ 07823
908-475-2093 (Press 2)
Fax 908-475-1194

APPLICATION FOR ZONING PERMIT

Permit No. _____
Block _____ Lot _____
Zone _____

Applicant's Name _____
Address _____
Phone # _____ Fax _____

Address of property for which request is made _____
Name of property owner _____
Address of property owner _____
Purpose of Application and Use _____

Description of proposed structure (length, width, height) _____

Has this property been the subject of any prior application to the Land Use Board? _____.
If yes, state the date, relief sought, and the results. _____

The following documentation shall be provided, if applicable; 1. Board approvals, 2. Driveway Permit, 3. Well and Septic Permits, 4. Food Handling Permit, 5. Soil Disturbance Permit, 6. Stream/Wetland Encroachment Permit, 7. Others required by law, 8. Property survey or Plot Plan

Date _____ Applicant signature _____ Owner's signature _____

ZONING OFFICER'S USE ONLY BELOW

This application meets all applicable zoning requirements of the Township of White

An application fee of Ten Dollars (\$10.00) must be paid before an application is considered

Zoning Officer _____ Date _____

Denied for the following reason: _____

Zoning Officer _____ Date _____