

Permit No. _____

Block _____ Lot _____ Zone _____

White Township
Warren County, New Jersey
555 CR 519
Belvidere, NJ 07823

Phone 908.475.2093

email zoning@whitetwp-nj.com

Application for Zoning Permit

Applicant's Name _____

Address _____

Email address _____ Phone No. _____

Property Location/Address _____

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.

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

Submit a survey or plot plan delineating all proposed structures, foundations, setbacks, wells, and septic systems. Wells and septic systems do not have to be delineated on the survey if application is made for an accessory building.

By signing this form the Applicant and/or Owner of such property will take full responsibility for any incomplete, misleading or inaccurate information, which may be the subject of revocation or the Permit.

Signature of Applicant _____ Date _____

Signature of Owner (if not the applicant) _____ Date _____

Record of Payment: \$10.00 paid. Received by _____ Cash _____ Check # _____ Date _____

▼▼ This section to be completed by Zoning Official ▼▼

Approval Signature _____ Date _____

PERMIT DENIED _____

Denial Signature _____ Date _____