

**MONTGOMERY TOWNSHIP
ZONING PERMIT APPLICATION**

Township Use Only AMOUNT PAID \$ _____

CASH ___ or CHECK # _____ DATE _____

WORKSITE:

Block _____ Lot _____ Zoning District _____

Street Address _____

Property Owner _____

Mailing Address (if different) _____ City _____ State ___ Zip Code _____

Daytime Phone _____ Fax _____ Email _____

APPLICANT (if not owner):

Name _____ Owner's Agent Tenant Other _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____

Daytime Phone _____ Fax _____ Email _____

TYPE OF PERMIT REQUESTED (Zoning Permit \$50.00) **CHECK ALL THAT APPLY**

- New Construction Deck Fence Sign
 Addition/Alteration Pool/Spa/Hot Tub Change Tenant/Use Other - _____
 Accessory Building Lot Coverage (Commercial) Demolition - No
(Shed, Garage, etc.) (Patio, Driveway, etc.) Tenant Fit-Out Charge

Description of Project/Use (please be specific): _____

Commercial Change of Tenant/Use: Previous Tenant _____ Existing Use _____

New Tenant _____ New Use _____ Sq. Ft. _____

CERTIFICATION:

I hereby certify that I am either the legal property owner or authorized by the legal property owner to make this application. I understand that if any of the above statements are willfully false, I am subject to penalties.

Owner's Name Printed & Signature

Date

Applicant's Name Printed & Signature

Date

Township Use Only

APPROVED DENIED

Zoning Officer Date

ZONING PERMIT FEE PAYABLE UPON SUBMISSION OF APPLICATION

	<u>Existing</u>	<u>Proposed</u>	<u>Required</u>
Lot Area	_____		
Setbacks for Main House			
Front	_____	_____	_____
Rear	_____	_____	_____
Right Side	_____	_____	_____
Left Side	_____	_____	_____

Proposed Accessory Building (or pool) Setbacks

Distance from Rear Line _____ ft.

Distance from Right Side _____ ft.

Distance from Left Side _____ ft.

Distance to dwelling _____ ft.

Lot Coverage

	<u>Existing</u>	<u>Proposed</u>	<u>Total</u>	* <u>Total</u>
Principal Building	_____ %	+ _____ %	= _____ %	_____ %
Accessory Building	_____ %	+ _____ %	= _____ %	_____ %
Total Lot Coverage	_____ %	+ _____ %	= _____ %	_____ %

* Contact Zoning Officer for total lot coverage allowed

Check All that Apply

Property is/has...

___ Located in a Historic District

___ Located along Critical Areas (Wetlands, Steep Slope, Flood Plain)

___ Easements (Conservation, Maintenance, Etc.)

___ Located along Transco Pipeline

___ Variances issued pertaining to the proposed work (include copy of resolution)

JOSEPH PALMER
Zoning Officer



**PLANNING/ZONING
DEPARTMENT**

Municipal Building
2261 Route 206
Belle Mead, New Jersey 08502-0001
Phone: (908) 359-8211
Fax: (908) 359-2006

E-Mail:
jpalmer@twp.montgomery.nj.us

NAME _____

BLOCK _____ LOT _____

LOT COVERAGE CALCULATION WORKSHEET

FORMULA

SQUARE FOOTAGE OF LOT* _____

TIMES – PERCENTAGE ALLOWED x _____

TOTAL LOT COVERAGE ALLOWED _____

FOOTPRINT AREA OF HOUSE (& all Decking) _____

DRIVEWAY AREA _____

SHED _____

WALKWAY(S) _____

PATIO(S) _____

MISCELLANEOUS STRUCTURES
(POOL, GAZEBO, DETACHED GARAGE, ETC.) _____

TOTAL
(MUST BE LESS THAN TOTAL COVERAGE ALLOWED) _____

* ONE ACRE EQUALS 43,560 SQ. FT.