

CONTROL # \_\_\_\_\_



# MANCHESTER TOWNSHIP ZONING PERMIT APPLICATION

ZONE \_\_\_\_\_

PROPERTY OWNER: (PLEASE PRINT OR TYPE)  
DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

FAX # \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_

**LOCATION OF WORK IF OTHER THAN THE PROPERTY OWNER'S ADDRESS:**

\_\_\_\_\_

**REQUIRED SUBMISSIONS:**

1. **NEW SINGLE FAMILY DWELLING: 3 SEALED PLOT PLANS THAT CONFORM TO ALL REQUIREMENTS \$100**
2. **TREE CLEARING: 3 SEALED PLOT PLANS SHOWING ALL LIMITS OF CLEARING. \$75**
3. **TREE REFORESTATION: 3 SEALED PLOT PLANS PREPARED BY A N.J. LICENSED TREE PROFESSIONAL. \$150**
4. **ALL OTHER DEVELOPMENT: ACCURATE TO SCALE SURVEY DEPICTING ALL PROPOSED & EXISTING DEVELOPMENT (E.G. \*SHED, ADDITION, DECK, FENCE, A-G POOL, EVSE) \$25 FOR THE FIRST CONSTRUCTION, ERECTION OR ALTERATION AND \$10 FOR EACH ADDITIONAL CONSTRUCTION, ERECTION OR ALTERATION.**
5. **I-G SWIMMING POOLS, GARAGES, COMMERCIAL ADDITIONS, & COMMERCIAL ACCESSORY STRUCTURES: \$50**
6. **NEW BUSINESS TENANT: MUST PROVIDE A DETAILED DESCRIPTION OF USE ALONG WITH ALL SIGNAGE. \$25**
7. **SIGNAGE: 3 SETS OF ELEVATION RENDERINGS & PLOT PLAN DETAILING SIGN LOCATION. \$25 PER SIGN.**
8. **HOME OWNER'S ASSOCIATION APPROVAL IS REQUIRED FOR ANY DWELLING IN RETIREMENT COMMUNITY.**

**OWNER'S SIGNATURE** \_\_\_\_\_

**AGENT                      TENANT                      CONTRACT PURCHASER (CIRCLE ONE)**

NAME \_\_\_\_\_

CONTACT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX NUM. \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AGENT OR TENANT AND WE AGREE TO CONFORM TO ALL APPLICABLE ZONING LAWS OF THIS JURISDICTION.

\_\_\_\_\_  
(AGENT/TENANT/CONTRACT PURCHASER'S SIGNATURE)

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

CONTROL # \_\_\_\_\_

ZONING OFFICER: APPROVED \_\_\_\_\_

DENIED (REASON) \_\_\_\_\_

SECRETARY: BD. APP. YES \_\_\_ No \_\_\_ IF YES, CASE # \_\_\_\_\_ RESOLUTION ATTACHED: Y OR N

PAYMENT: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CC \_\_\_\_\_ RECEIPT # \_\_\_\_\_