

ZONING PERMIT APPLICATION FILING REQUIREMENTS

In order for a zoning permit application to be reviewed, items 1 through 12 MUST be completed. If any of the information required in items 1 through 12 is not supplied, the application will be denied for lack of required information. A new application and related fees will have to be submitted. The permit MUST be signed by both the applicant and the owner of the property.

No Zoning and/or Building Permit or Certificate of Occupancy will be reviewed until:

- 1.) All conditions of the Planning Board or Zoning Board approval have been met.**
- 2.) All other required permits have been issued. These include, but are not limited to, tree removal, soil and sediment control, street opening and sewer connection.**
- 3.) Any current violations have been abated, such as property maintenance complaints.**

**Zoning permit fee: Residential - \$40.00
Non-Residential - \$75.00**

All checks should be made payable to the Township of Piscataway.

Three copies of the permit (one original and two copies) must be submitted. The original signatures must be on all three copies. A copy of the property survey and two sets of building plans (if applicable) are required. The applicant must provide the following information on the survey (when applicable): the location of the structure, the dimensions and proposed setbacks to the property lines.

Zoning permits for sheds (100 square feet or less) and fences should be submitted directly to the Zoning Office; all other zoning permits should be submitted to the Building Department. Both offices are located in the Public Works Building located at 505 Sidney Road, Piscataway, New Jersey 08854.

Questions regarding the zoning permit should be directed to (732) 562-6570 or (732) 562-6560.

IMPORTANT: A plan MUST be submitted with this application showing the size and location of the lot, the dimensions and locations of the proposed building or structure on the lot, building set back, dimensions of rear and side yards, and the dimensions and locations of the existing buildings or structures on the lot.

Township of Piscataway

ZONING PERMIT

Application Number _____ Date _____ Fee _____

TYPE OF APPLICATION

- Minor Residential Alteration
- Residential Alteration
- New Single Family Dwelling Construction
- New Multi-Family Structure Construction
- Minor Alterations to Multi-Family and/or Non-Residential Structure*
- New Non-Residential Structure Construction (includes fences/sheds)
- Certificate of Non-Conformity
- Certificate of Occupancy

*INCLUDES INSTALLATION OF SIGNS. Applicant is to answer questions 1 through 7 only and submit detailed plans of sign, property survey with location of buildings and elevation of building facade with appropriate area calculations if surface mounted sign is proposed.

1. Applicant's Name: _____ Tel. No. _____
Applicant's Address: _____
2. Owner's Name: _____ Tel. No. _____
Owner's Address: _____
3. Does Applicant hold a tax exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]?
Yes No If yes, state type of tax exempt organization: _____
4. Location of property for which Zoning Permit is desired:
Street Address: _____ Block: _____ Lot: _____ Zone: _____
5. Present Use of Property: _____
6. Proposed Use of Property: _____
7. Is Zoning Permit for low/moderate income housing unit(s) as defined by the New Jersey Council on Affordable Housing?
Yes No
8. Describe proposed changes to existing structures, if any: _____
9. Describe in detail the activity or activities to be conducted in principal building/structure: _____
10. Describe in detail any accessory activities to be conducted in any of the accessory buildings/structure(s): _____
11. State whether any of the activities described in Nos. 8 and/or 9 above are conducted as a nonconforming use or are located in any easement/drainage way/right-of-way - _____
If so, state facts supporting this contention: _____
12. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge? Yes No If yes, state date: _____
Board: _____ Disposition of Application: _____ Resolution #(if any): _____

Signature of Applicant (individual) _____

Date _____

Print Applicant's Name _____

Signature of Owner _____

Date _____

Print Owner's Name _____

Attest:

Secretary _____

Name of Corporation or Association _____

BY: _____
Signature of Authorized Officer

Print Authorized Officer's Name _____

FOR OFFICE USE

COMMENTS:

ZONING OFFICER _____

Date _____