

TOWNSHIP OF MARLBORO
(732) 536-0200
APPLICATION FOR ZONING APPROVAL

Permit # _____

BLOCK _____ LOT _____ DAYTIME PHONE _____ EMAIL _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

WORKSITE ADDRESS (If Different) _____

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are hereby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE _____

* Explain in detail the proposed construction: _____

* State size of new construction (sq. ft.) and dimensions: _____

* Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

If "Look-A-Like", list three structural changes:
1. _____
2. _____
3. _____

COUNTY OF MONMOUTH
STATE OF NEW JERSEY

AFFIDAVIT TO BE SIGNED BY APPLICANT

DATE: _____

I, _____, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro thereto.

All statements herein made by me are true to the best of my knowledge and belief.

* Sworn to and Signature of Applicant
Subscribed before me this

Date _____ 20 _____

day of _____ 20 _____

Signature of Applicant

or _____
Date _____ 20 _____

Signature of Agent
(if accompanied by authorization letter from homeowner)

NOTARY PUBLIC

***** (for office use only) *****

Approved _____ Denied _____

Date _____

Zoning Officer Signature

Approved _____ Denied _____

Date _____

Municipal Engineer Signature

UPDATE

DESCRIBE IN DETAIL PROPOSED CHANGES: _____

Attach two (2) copies of survey with proposed changes drawn to scale. Attach two sets of signed plans.

Date _____ 20 _____

Sworn to and Signature of Applicant
Subscribed before me this

Signature of Applicant

day of _____ 20 _____

or _____
Date _____ 20 _____

Signature of Agent
(if accompanied by authorization letter from homeowner)

NOTARY PUBLIC

***** (for office use only) *****

Date _____

Zoning Officer

Approved

Denied