

**APPLICATION FOR ZONING PERMIT
BOROUGH OF ALLENTOWN
MONMOUTH COUNTY, NEW JERSEY**

Permit # _____
Check # _____
Fee: _____

Instructions:

*** No zoning permit shall be required, nor any application for a zoning permit shall be required for proposed construction, erection or alteration for siding, re-siding, roof repair, replacement of windows or garage doors, or the installation of roof-only solar panels which do not extend beyond the ridge or edge of the roof.*

- (1) Complete Application and submit a non-refundable fee of \$35.00 for each use and/or structure proposed, payable to The Borough of Allentown.
- (2) Submit a copy of a legible plot plan or survey of the property (drawn to scale) indicating all existing and proposed buildings, structures, fencing, signage, driveways, wells, and parking spaces.
- (3) The Zoning Office will review the information received and approve or deny the permit application within ten business days from date of submission.
- (4) If the Zoning Officer determines that the Application does not comply with the Land Development Regulations, it will be denied and you will be notified regarding further instructions.
- (5) For new Businesses or Change of Ownership and/ or Tenant (for an existing Business), provide a detailed letter describing the proposed Business/Use. The letter is preferred to be on Letterhead of the proposed Business. It must be an original and signed by the applicant.
- (6) Applicants must also complete a Sign Permit application if any new signs or changes to existing signs are proposed. Indicate location and size of sign.

Applicants Name: _____

Address: _____

Phone Number (s): _____ Email: _____

Address of Proposed Use: _____

Name of Business: _____

Tax Map: Block# _____ Lot # _____

Zone Classification: _____

Existing use of property. (If Property is vacant, please indicate prior use) _____

New Business-Type/Use. (Attach letter as described in #5 above) _____

Change of Business Ownership and/or Tenant. (Attach letter as described in #5 above)

Total Floors _____ Total Parking Spaces _____ Number of Employees _____

Hours of Operation: _____

New Construction Proposed? Yes/No (Please Circle) If yes Provide details:

Modification to Site or Existing Building Proposed? Yes/No (Please Circle) If yes, provide details;

_____ Fence-Type: _____ Height: _____

_____ Pool-Type (i.e above ground, underground, hot tub, endless pool, etc.) _____

_____ Shed (Under 192 sq. ft.) please enclose Manufactures Information.
[Note: 1) Shed over 10 ft. high requires a UCC building permit.]

_____ Driveways, Patios, & Walkways (On Grade Only) Proposed Coverage, _____(Square Feet).

_____ Construction Trailer or _____Sales Trailer, without electric and/or plumbing. (Please Check One)

_____ Storage P.O.D.S. (Portable on Demand Storage)

Length_____, Width_____, & Height_____ (Note: Duration not to exceed 90 days & only one pod permitted per residence)

_____ Special Events: Start Date, _____ End Date_____

I, the undersigned certify that all statements contained herein are to the best of my knowledge, true and correct.

Applicant's Signature: _____

Date: _____

BELOW FOR OFFICE USE ONLY:

Date Received: _____

Check Number: _____

This is to certify that the proposed use of this application is:

APPROVED: _____ DENIED: _____

DATE: _____

* The approval of this permit does not relieve the applicant of the responsibility for obtaining other required permits.

Ron Gafgen
Zoning Officer