



**ZONING APPLICATION**

PERMIT # _____
REC'D DATE _____
FEE: _____
CASH: _____
CHECK NO. _____

The undersigned hereby applies for Zoning Approval to be issued on the basis of the representations contained in this application.

Location of Property: \_\_\_\_\_

Zone: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Lic. # \_\_\_\_\_

The above named applicant hereby applies for a Zoning permit to: \_\_\_\_\_

Size of Property: Lot Area \_\_\_\_\_ Sq. Ft. Frontage \_\_\_\_\_ Ft. Depth \_\_\_\_\_ Ft.

Building Coverage: \_\_\_\_\_% Total Impervious Coverage: \_\_\_\_\_% Building Height: \_\_\_\_\_ Ft

**Property Line Setbacks:**

Front: \_\_\_\_\_ Ft. Right Side: \_\_\_\_\_ Ft. Left Side: \_\_\_\_\_ Ft. Rear: \_\_\_\_\_ Ft.

Total Number of Existing Parking Spaces: \_\_\_\_\_ Total Proposed: \_\_\_\_\_

Is this property subject to any Deed Restrictions?  YES  NO

If yes, supply: \_\_\_\_\_

Is this property subject to any Easements?  YES  NO

If yes, supply: \_\_\_\_\_

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure (s)

Estimated Cost of work \$ \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Approved:  Denied:  (See attached) Zoning Officer: \_\_\_\_\_

**BOROUGH OF KEYPORT – CONSTRUCTION - CODE ENFORCEMENT OFFICE**

70 West Front Street, Keyport, NJ 07735

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