Borough of Netcong

23 Maple Avenue
Netcong, New Jersey

TEL (973) 347-0252
FAX (973) 347-3020
www.netcong.org

ZONING PERMIT

$10.00 fee

NAME:_____

ADDRESS:_____

PHONE (day):_____ (evening):_____

BLOCK:_____ LOT:_____ ZONE:_____

1. describe what the property is currently being used for:

_____

_____

2. describe what this application is for:

_____

_____

3. attach a plot plan or survey map of the premises showing the dimensions and existing structures.

4. have the above premises been subject to any Planning Board approvals? yes \ no (circle one)

I hereby make application for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit which requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

_____ _____
date signature of applicant

----------**FOR OFFICE USE ONLY**----------

approved: yes \ no

reason for
denial/comments:_____

_____

_____

_____ _____
date Zoning Officer