

Borough of Sussex

2 Main Street

Sussex, New Jersey 07461

Phone: 973-875-4831 - Facsimile: 973-875-6261

APPLICATION FOR ZONING PERMIT

Date: _____ Block: _____ Lot: _____ Zone: _____

Physical Location : _____

Name of Applicant : _____

Address of Applicant: _____

Telephone: _____

Name of Owner: (if different than applicant) _____

Address of Owner: _____

Telephone: _____

(1) State purpose for which Zoning Permit is requested:

(2) Attached one sketch or plot plan showing size of plot, bounding streets, size type and location of existing and proposed structures and distances to all property lines:

(3) Describe activities conducted in principal building and/or accessory buildings:

(4) State whether any of the activities described in item (3) are conducted as a non conforming use. If yes explain, _____

(5) Has above premises been subject to any prior application to the zoning Board or Planning Board to the applicants knowledge, if yes explain: _____

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Application Permit Fee MUST accompany Application

Paid: _____ Date: _____

Applicant's Signature _____

Collected by _____

DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

ZONING PERMIT

NO. _____

This is to certify that the above described premises, together with any buildings thereon, are used or proposed to be used for or as: _____

Which is a:

___ Use permitted by Ordinance

___ Use permitted by Variance approved on _____ subject to any condition attached to the grant thereof.

___ Valid non-conforming use.

Special Conditions: _____

Zoning Official & Date