



Borough of Sussex

2 Main Street
Sussex, New Jersey 07461

Phone: 973-875-4831

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APPLICATION FOR ZONING PERMIT

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

Physical Location: _____

Name of Applicant: _____

Address of Applicant: _____

Applicant Telephone Number: _____

Applicant Email: _____

Name of Owner: (if different from applicant) _____

Address of Owner: _____

Telephone: _____

Owner Email: _____

1. **State** purpose for which Zoning Permit is requested: _____

2. **Attach** a sketch or plot plan showing size of plot, bounding streets, size type and location of existing and proposed structures ad 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. Have the above premises been subject to **any prior application** to the Zoning Board or Planning Board to the applicant's knowledge? If yes explain _____

Signature

Date



APPLICATION FOR ZONING PERMIT CONTINUED

FEES

Residential \$40	Commercial \$50
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Application Permit Fee MUST Accompany Application

FOR OFFICIAL USE ONLY

AMOUNT PAID: \$ _____ Cash Check Check Number _____

DATE PAID: _____

Received By: _____ Date: _____

APPROVED DENIED

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