



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-7043
aseltzer@avalonboro.org

WORKSITE: _____ BLOCK: _____ LOT: _____ QAU: _____

OWNER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CONTRACTOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

____ NEW CONSTRUCTION ____ GARAGE/SHED ____ FENCE
____ SWIMMING POOL ____ DECK ____ AIR CONDITIONING
____ RENOVATION/ADDITION ____ ADA STRUCTURE ____ OTHER/ _____

2. NEW CONSTRUCTION:

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION:

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES _____ NO _____

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES _____ NO _____ PZ# _____

DATE

SIGNATURE OF APPLICANT

DATE
RECEIVED*:

(BOROUGH USE ONLY)

ZCN# _____

DATE

ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) business days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.