



**BOROUGH OF MANVILLE
ZONING OFFICE**
325 NORTH MAIN STREET
MANVILLE, NEW JERSEY 08835
(908) 725-9478

ZONING PERMIT APPLICATION

BLOCK: _____ LOT: _____ Date: ____/____/____

PROPERTY ADDRESS: _____

OWNER IN FEE: _____ PHONE #: (____) _____ - _____

ADDRESS: _____

APPLICATION FOR: () NEW OR () EXISTING:

- () FENCE: TYPE: _____ SIZE: _____
- () SHED: TYPE: _____ SIZE: _____
- () GARAGE: SIZE: _____
- () DRIVEWAY (STATE LOCATION & SIZE) _____
- () DWELLING () NEW () EXISTING

- () ADDITION (STATE SIZE AND USE) _____
- () DORMER: (STATE SIZE AND USE) _____
- () DECK: (STATE SIZE) _____
- () PORCH: (STATE SIZE) _____
- () SOLAR PANEL SYSTEM (STATE LOCATION) _____

- () POOL:
 - () INGROUND: (STATE SIZE) _____
 - () ABOVE GROUND: (STATE SIZE) _____

PLEASE PROVIDE THE FOLLOWING:

1. A COPY OF YOUR SURVEY MAP(INDICATE LOCATION OF PROPOSED WORK)
2. A DRAWING OF YOUR PROJECT (SHOULD BE TO SCALE)
3. FRONT YARD SETBACK: _____
4. SIDE YARD SETBACK: _____
5. REAR YARD SETBACK: _____

Signature: _____

Owner / Agent

OFFICE USE ONLY

Fee: **\$10.00** Fee Paid: \$ _____ Check #: _____ Cash: \$ _____

Received By: _____ Date: ____/____/____

Final Approval of Zoning Official _____ **Date:** ____/____/____