

TOWNSHIP OF WALL

ZONING PERMIT APPLICATION: COMMERCIAL AND MULTI-FAMILY PROPERTIES

1. Owner's Name: _____ Phone Number: (____) _____ - _____
Address and Zip Code: _____

2. Applicant's Name: _____ Phone Number: (____) _____ - _____
Address and Zip Code: _____

3. Street Address of Property: _____ Block: _____ Lot: _____
Zone: _____

4. Existing Use of Property: _____
Proposed Use of Property: _____

5. Proposed Construction (detailed description):

- a. Height of constructions _____ ft., _____ stories
- b. Dimensions: _____
- c. Square feet : _____

6. Provide date of applicable Board approval:
Planning Board _____
Board of Adjustment _____

FOR APPLICATION RELATED TO RESOLUTION APPROVAL: MUST SUBMIT TWO (2) COPIES OF SITE PLAN AND APPLICATION FEE OF \$350.00 AND COMPLETED MT. LAUREL CONTRIBUTION FORM IF NECESSARY.

FOR APPLICATION FOR OTHER: (i.e. INTERIOR RENOVATION) MUST SUBMIT TWO (2) COPIES OF FLOOR PLAN AND/OR DETAIL SHOWING PROPOSED CONSTRUCTION, AND APPLICATION FEE OF \$40.00.

Checks to be made payable to the Township of Wall.

7. Applicant certifies that all statements and information made and provided as part of this application are true to the best of his knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approvals, variances, and other permits granted with respect to said property shall be complied with.

Signature of Applicant: _____ Date: _____