

TOWNSHIP OF WALL

ZONING REVIEW

Direct Replacement of Existing Ground Mounted A/C Unit(s)

Date: _____

Block(s) _____ Lot(s) _____

Property Address: _____

Property Owner: _____ Phone: _____

Applicant: _____ Phone: _____

Applicant Address: _____

Contractor's License #: _____

I certify that the proposed work is for the direct replacement of an existing air conditioning unit in the exact same location as the existing unit.

Applicant's Signature.

Date

Please note that a separate zoning permit application is required for new A/C units, new A/C units in a different location from the existing units and roof mounted A/C Units. Building Permits are ALSO required prior to any construction activity.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false, un true or incomplete in any respect. This permit shall empire one (1) year after the date of issuance if the use or substantial construction has not been commenced.