TOWNSHIP OF ROBBINSVILLE

2298 Route 33 Robbinsville, NJ 08691 609-259-3600

ZONING PERMIT #:

"Per 40:5	55D-18, the Administrative O	fficer shall issue or den	y a zoning permit within 10) Business Days "
Applicant	PHONE#			
Applicant Address				
Address for permit to	0			
be issued				
(If different from the applicant)				
E-Mail Address:				YOU WANT ORIGINAL MAILED
BLOCI	7	LOT	ZONE	ILED IF NOT CHECKED
BLOCI		LOI		
	Commercial Commercial		Residential	
Type of work:				
☐ Addition	Deck/Patio	☐ Fence	☐ In Ground Pool	Above Ground Pool
☐ Fit Out ☐ Change of	☐ Single Family Home	Shed	Accessory Use	Other
Occupant	Previous Occupant		New Occupant	
☐ Change of Use	Previous Use		New Use	
□ Change of Use			_	
☐ Sign:	New	Replacement	☐ Temporary	Banner
*****	**SIGNS MUST INCLUDE A	COLOR RENDITION A	ND DIMENSIONS WITH AP	PLICATION*******
Description of work and	use:			
1				
Has the property rec	eived prior approval from the	-	_	
□ NO □ YES	Resolution #	Approva	l date	
To be submitted with	n zoning nermit:			
	<u> </u>	hich shall show the lavo	ut of the property with exist	ing and proposed
 Two copies of a survey or plot plan which shall show the layout of the property with existing and proposed improvements and setbacks. 				
_	ee, exact cash or check made	to: Township of Robbins	sville.	
	ve described building will be	built in accordance wit	n the specifications and plai	ns submitted with this
application and that	all information is correct.			
OWNER/AGENT S	SIGNATURE REQUIRED PRI		INT NAME	Date
	O.V. W.V. A. D. W.			
TOWNSHIP USE ONLY BEL	OW THIS LINE			
	APPROVED	7	DENIED	\neg
Remarks/Conditions	:			
-				
70	NING OFFICER			DATE

NOTE: If work is not started within 90 days, this permit is void.