

**Borough of Rockaway**  
**1 East Main Street**  
**Rockaway, NJ 07866**  
**973-627-2000**



**ZONING PERMIT – NONRESIDENTIAL**  
**Application fee: \$100.00**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

1. Describe what the property is currently being used for: \_\_\_\_\_  
\_\_\_\_\_

2. Describe what this application is proposing: \_\_\_\_\_  
\_\_\_\_\_

3. Has the property ever been subject to any Planning Board or Zoning Board of Adjustment approvals?  
Yes / No / Unknown (circle one)

**A current survey or plot plan of the premises showing location of the proposed structure or addition is required to be submitted along with this application.**

**NOTICE TO ALL APPLICANTS AND OWNERS**

The applicant and/or owner certify that the following information contained in this application is true and accurate. If a permit is issued and the Zoning Officer determines that any of the information supplied in this application is untrue in any respect, the permit may be revoked and/or such other action taken. The issuance of any permit shall not relieve the applicant and owner from complying with any other applicable law, rule or regulation duly enacted by the Borough of Rockaway.

I hereby make application for a Zoning permit for the changes described above and on the attached plot plan or survey map.  
I understand that this is not a building permit which requires a separate application.

\_\_\_\_\_  
Applicant's Signature (REQUIRED)      Applicant's Name (please print)      Date

\_\_\_\_\_  
Owner's Signature (REQUIRED)      Owner's Name (please print)      Date

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*FOR OFFICE USE ONLY*

Approved: Yes / No

Reason for denial/comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date    Zoning Officer    Payment Information