## ZONING PERMIT-RESIDENTIAL (\$25 fee)

## Tel (973) 627-2000 Fax (973) 627-8294

## Borough of Rockaway

MUNICIPAL BUILDING • 1 EAST MAIN STREET • ROCKAWAY, NEW JERSEY 07866

A copy of a plot plan or survey map of the premises showing the location of proposed structure or addition must be submitted along with this application

OWNER'S NAME:		
PROPERTY ADDRESS:		
PHONE (day):	(evening):	
· ·	ZONE:	
1. describe what the property is currently bein	g used for:	
2. describe what this application is for:		,
	y Planning Board or Zoning Board of Adjustment approvals?	
I hereby make application for a Zoning Permit I understand that this is not a building permit I in this application is true and complete to the b	for the changes described above and on the attached plot plan or surwhich requires a separate application. I certify that the information coest of my knowledge.	vey map ontained
date	signature of owner	
		•
	FOR OFFICE USE ONLY	
approved: yes \ no	·	
reason for denial/comments:		
date	Zoning Officer	
payment info:		