



BOROUGH OF FLEMINGTON

ZONING OFFICE

38 Park Ave.
Flemington, NJ 08835
(908) 782-8840

ZONING PERMIT APPLICATION

BLOCK: _____ LOT: _____ DATE: ____/____/____

PROPERTY ADDRESS: _____

OWNER IN FEE: _____ PHONE #: (_____) _____

EMAIL: _____

ADDRESS: _____

APPLICATION FOR: () NEW OR () EXISTING

() FENCE : TYPE: _____ SIZE: _____

() SHED: TYPE: _____ SIZE: _____

() GENERATOR: TYPE/SIZE: _____

() HVAC: TYPE: _____ SIZE: _____

() OTHER APPLICATION: _____

() DWELLING: () NEW () EXISTING

() OTHER: _____

() ADDITION: (STATE SIZE AND USE) _____

() DORMER: (STATE SIZE AND USE) _____

() GARAGE: SIZE: _____

() DECK: (STATE SIZE) _____

() PORCH: (STATE SIZE) _____

() SOLAR PANEL SYSTEM: (STATE LOCATION) _____

() POOL: (STATE SIZE) _____

() INGROUND: (STATE SIZE) _____

() ABOVE GROUND: (STATE SIZE) _____

PLEASE PROVIDE THE FOLLOWING:

1. A COPY OF YOUR SURVEY MAP/SITE PLAN **REQUIRED** (INDICATE LOCATION OF PROPOSED WORK)
2. A DRAWING OF YOUR PROJECT (MUST BE TO SCALE)
3. FRONT YARD SETBACK: _____
4. SIDE YARD SETBACK: _____
5. REAR YARD SETBACK: _____

SIGNATURE: _____
Owner/Agent

OFFICIAL USE ONLY

Fee: \$ 50.00 Fee Paid \$ _____ Check #: _____ Cash: \$ _____

Received By: _____ Date: ____/____/____ **Final**

Approval of Zoning Official _____ **Date:** ____/____/____

