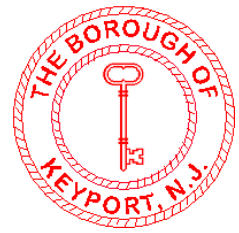


ZONING APPLICATION

Borough of Keyport
70 West Front Street
Keyport, N.J. 07735
P - 732-739-5436 F - 732-739-3479
www.keyportonline.com



Estimated Cost of Work: \$ _____

Fee: \$ _____

Address of Proposed Work or Use: _____

Block: _____ Lot(s): _____ Zone: _____ CN: _____

Owner's Name: _____ Telephone: _____

Address: _____ E-Mail: _____

Contractor or Applicant (If different from above) Information:

Name: _____ Telephone: _____

Address: _____ E-Mail: _____

License #: _____

Type of Work and/or Use (Check all that apply):

Addition Renovation Alteration Reconstruction Repair Flat Work

New Construction Change of Use Commencement of Use

Accessory Use/Structure: Shed Fence Other: _____

Size of Property: Lot Area _____ Sq Ft. Frontage: _____ Ft Depth: _____ Ft

Principal Building: Type: _____ Gross Floor Area: _____ Lot Coverage: _____

Lot Coverage _____ Percent Building Height: _____ Ft

Accessory Building: Total Area _____ Rear Yard Set Back _____ Ft Side Yard set back _____

Owner's Signature: _____ Date: _____

Keyport Unified Planning Board prior approvals or applications: Has this property, to your knowledge, ever been subject of any prior applications to the Keyport Unified Planning Board? (___) No (___) Yes

If yes, provide date(s): _____

Notes:

1) All Zoning Permit Applications must be accompanied by a current Property Survey drawn to scale and including locations and distances to property lines of all structures, improvements, proposed work, etc..

2) Elevations shall be measured at five (5) separate points five (5) feet out along the entire front façade of the principal structure and around the entire perimeter of accessory structures to determine the average grade for purposes of confirming the structure's height.

FOR OFFICE USE ONLY:

Log #: _____ **Date Received:** _____

Documents submitted:

Prior Approvals:

- | Received | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Zoning Board Variance Approval (Date of resolution approving work: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Preliminary Planning Board () or Zoning Board () approval |
| <input type="checkbox"/> | <input type="checkbox"/> | Final Planning Board () or Zoning Board () approval (Administrative Officer sign off) |
| <input type="checkbox"/> | <input type="checkbox"/> | Board of Health, Bayshore Regional Sewerage Authority Approval |
| <input type="checkbox"/> | <input type="checkbox"/> | Freehold Soil Application or approval letter (For soil disturbance greater than 5,000 sq. ft.) |
| <input type="checkbox"/> | <input type="checkbox"/> | N.J.D.E.P. approval for site work involving wetlands (Cert # : _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Application Documents:

- | Received | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | Payment (Check number: _____ amount: \$ _____ or cash: \$ _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) copies of a current signed and sealed Survey with locations of proposed work. |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) sets of Plans (Signed & sealed by Professional or signed & dated by Homeowner) |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed Developer's Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) sets of Soil and Erosion Plans (two (2) sets for Borough Engineer) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fencing Certification / Silt Fence |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Documents Prior to Final Approval:

- | Received | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Foundation Location Survey (Date received: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) copies of signed and sealed FINAL Survey (Date received: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Notes:

Approved **Zoning Permit #:** _____

Denied **Reason:** _____

Signature: _____ **Date:** _____

Inspector Assigned: _____