

WEST WINDSOR TOWNSHIP ZONING PERMIT APPLICATION

ZONING / HEALTH / ENGINEERING
(609) 799-9448 (609) 936-8400 (609) 799-9396

Date _____ Block _____ Lot _____

Property Location (Address) _____

Property Zoned _____

Property Owner _____ Telephone _____

Contractors Name _____ Telephone _____

Contractors Address _____

Size of Lot _____ sq. ft./acres SEPTIC/SEWER (please circle)

Homeowners Association Approval (if applicable) _____

PROJECT DESCRIPTION (Type work desired) _____

The information I have submitted for this project is complete and accurate to the best of my knowledge.

Signature of Owner

Name of Individual to be notified _____

Address and Phone Number _____

FOR OFFICE USE ONLY

Zoning Approval
or Denial Date

Zoning Permit Control Number _____

_____ Approval granted as a condition precedent to the commencement of a use or the erection,
Date construction, reconstruction, alteration, conversion or installation of a structure or building.

_____ Approval granted since such use, structure or building complies with the provisions of the
Date municipal zoning ordinance or variance there from duly authorized by a municipal agency
Pursuant to NJSA 40:55D-60 and 40:55D-70.

_____ Application denied.
Date

Manager, Division of Land Use/Zoning Officer

COMMENTS

_____ **HEALTH** _____
Date sent to Date approved by Health

_____ **ENGINEERING** _____
Date sent to Date approved by Engineering

THIS IS YOUR ZONING APPROVAL PERMIT. YOU ARE STILL REQUIRED TO OBTAIN THE NECESSARY PERMITS THROUGH THE CONSTRUCTION, ENGINEERING AND HEALTH DEPARTMENT BEFORE BEGINNING WORK IF APPLICABLE.

APPLICATION FEE: \$35.00