BOROUGH OF FRANKLIN
Zoning Office
46 Main Street
Franklin, NJ 07416

Patricia Fischer, Zoning Officer
Phone: (973) 827-9280 x113
Fax: (973) 827-0716

APPLICATION FOR ZONING PERMIT

Date:	Block:	Lot:	Zone:
Name of Applicant:		Location of Premises:	
Address of Applicant:			
Street	Town	Zip Code	Phone #
Name and Address of Owners(if different from Applicant):			
Street	Town	Zip Code	Phone #
Description of Proposed Use or Structure (what is it you want to do and/or build?):			

***Please attach a survey showing the size of the lot, bounding streets, size, type and location of existing and proposed structures and distances to all property lines. A letter of approval from you homeowners associations is required, if applicable. Failure to provide all requested documents will halt the processing of this application and it will be deemed incomplete.**

Prior Approvals on Subject Premises:	Planning Board:_____ Zoning Board: _____	Date of Approval:_____ Date of Approval:_____
Contractor or Person Doing Work: (If different than Owner)		
Address:		
Street	Town	Zip code Phone#

Application Fee MUST accompany application: Paid_____ Check#_____

I hereby give permission for Franklin Borough Zoning Officer to come upon and inspect these premises with respect to this application.

Date:_____ Print Name: _____ Signature: _____

ZONING PERMIT NUMBER _____

This is to certify that the above described premises, together with any buildings thereon, are used or proposed to be used for, or as: _____

And is a:

- □ Use Permitted buy Ordinance
- □ Use Permitted by Variance approved on _____
  Subject to any condition attached to the grant thereof.
- □ Valid non-conforming use (according to NJSA 40:55D-68)

Special Conditions:

_____
_____
_____
_____

Zoning Officer Signature Date

NOTE: This document is NOT a Building Permit! A Building Permit MUST be obtained prior to the commencement of any construction!