

TOWNSHIP OF CLINTON HUNTERDON COUNTY

Brian Mullay
Mayor



Bill Glaser
Council President

ZONING PERMIT APPLICATION INSTRUCTIONS

Please ***fully complete*** the enclosed Zoning Application Form and submit along with the following:

- o Copy of survey/plot plan showing the size and location of all existing and proposed structures and other facilities on the premises. **If the proposed work is wholly interior, please provide a labeled floor plan of the newly finished/altered space in lieu of a property survey.**

NOTE: Critical areas such as stream encroachment, buffer zones, right of ways, easements, leaching fields, septic and well, etc. must be noted on this form.

- o **One (1) set** of construction details. Depending on the proposed work type, this can include structure brochures, spec sheets and elevations.
- o Copy of any required prior approvals (i.e. Twp. Board of Adjustment, Planning Board, Historic Preservation Commission, Community Home Owner's Association (HOA), etc.).

***Please be aware that only fully complete applications with all required supplemental documentation will be accepted for review.**

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ZONING PERMIT APPLICATION

Block # _____ Lot # _____ Zone: _____

Owner/Applicant: _____
Address: _____

Work Site Address: _____
Phone: _____ Email: _____

Contractor: _____
Address: _____
Phone: _____ Email: _____

Proposed Construction/Alteration: _____
Use of Proposed Construction/Alteration: _____
Dimensions of New Structure or Altered Space: _____
Proposed Setbacks: Left: _____ Right: _____
Rear: _____ Front: _____

Lot Size (sq ft or acres): _____ Principal Dwelling Size (all floors): _____
Listing of existing accessory structures (include pool) on site with corresponding dimensions:
1). _____
2). _____
3). _____
4). _____

Property is served by: WELL CITY WATER
(check all that apply) SEPTIC CITY SEWER

Is the property listed as a Historic Site? YES* NO

**If YES, please provide a copy of the Historic Preservation Approval Memo with this application.*

Was prior approval obtained from the Twp. of Clinton Board of Adjustment or Planning Board?
YES* NO

**If YES, please provide the application number and copies of all resolutions issued with this application.*

Applicant's Signature: _____ Date: _____