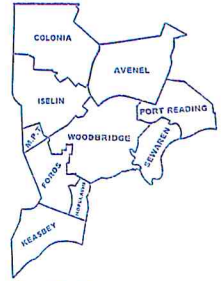


Township of Woodbridge

John E. McCormac, Mayor

Department of Planning and Development
Bureau of Code Enforcement
One Main Street • Woodbridge, New Jersey 07095
Tel: (732) 602-6003 • Fax: (732) 726-2330



Woodbridge - Ten Towns, One Community

APPLICATION FOR A ZONING PERMIT

OFFICE USE ONLY			
DATE PAID _____	CHECK # _____	CASH _____	INITIALS _____

DATE SUBMITTED _____ PHONE # _____ EMAIL _____

1. APPLICANT / PROPERTY OWNER: _____

- ADDRESS IF DIFFERENT THAN WORK SITE:

2. WORK SITE ADDRESS _____

3. BLOCK _____ LOT(S) _____

4. SUPPLY CURRENT SURVEY AND INDICATE DIMENSIONS OF PROPOSED COSTRUCTION IF APPLICABLE.

5. CURRENT USE OF PRINCIPAL BUILDING AND ALL ACCESSORY STRUCTURES:

6. DESCRIBE IN DETAIL THE PROPOSED ACTIVITIES TO BE CONDUCTED OR THE PROPOSED CONSTRUCTION AT THE SUBJECT PROPERTY AND ANY ACTIVITES TO BE CONDUCTED IN ANY OF THE ACCESSORY STRUCTURES:

7. STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED ABOVE ARE CONDUCTED AS A NONCONFORMING USE (IF SO, STATE FACTS SUPPORTING THIS CONTENTION): _____

8. HAS THE PREMISES BEEN THE SUBJECT OF ANY PRIOR APPLICATION TO THE ZONING/PLANNING BOARD:
YES _____ NO _____

9. HOME IMPROVEMENT CONTRACTOR NAME: _____
REG # _____ EXP DATE _____

10. ALL DEBRIS INVOLVED WITH CONSTRUCTION IS REQUIRED TO BE RECYCLED. PLEASE INDICATE WHAT IS THE BE RECYCLED WITH YOUR PROJECT: _____

- NAME/ADDRESS OF THE RECYCLING FACILITY: _____

- APPROXIMATE WEIGHT/MATERIAL TO BE RECYCLED: _____

ITEMS 11 THROUGH 15 ARE ONLY APPLICABLE TO NON-RESIDENTIAL APPLICATIONS

11. INDICATE WHETHER THE PROPOSED USE/CONSTRUCTION IS:
AN EXPANSION OF AN EXISTING BUSINESS/INDUSTRIAL/OFFICE USE IN WOODBRIDGE TWP: _____
A RELOCATION OF AN EXISTING BUSINESS/INDUSTRIAL/OFFICE USE IN WOODBRIDGE TWP: _____
A NEW BUSINESS/INDUSTRIAL USE LOCATION IN TOWN: _____
BUSINESS NAME: _____
DESCRIBE IN DETAIL TYPE OF BUSINESS: _____

12. NUMBER OF EMPLOYEES THIS EXPANSION WILL BRING TO THE BUSINESS/INDUSTRY LOCATING IN WOODBRIDGE TWP: _____

13. INDICATE THE SIZE OF THE STRUCTURE TO HOUSE THE BUSINESS: _____

14. NEW CONSTRUCTION OR TENANT FIT UP SPACE: _____

15. CONTACT PERSON:
NAME _____
ADDRESS _____

PHONE # _____

APPLICANT SIGNATURE

PROPERTY OWNER'S SIGNATURE

<p><u>OFFICE USE ONLY</u></p> <p>ZONE: _____</p> <p>APPROVED FOR: _____</p> <p>_____</p> <p>LAND USE ORD: _____ CHAPTER: _____ SECTION: _____</p>
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