



TOWNSHIP OF FRANKFORD
APPLICATION FOR ZONING PERMIT
APPLICATION FEE \$35.00

Application Date: _____ Block: _____ Lot: _____, Zone: _____

Physical location Street: _____ Email: _____

Name of Applicant: _____ Phone # _____

Mailing Address: _____, City: _____ State _____, Zip Code: _____

Name of Owner: _____ Phone # _____

Mailing Address: _____, City: _____ State _____, Zip Code: _____

Proposed work for which this Zoning Permit is being requested: _____

Attach (2) two surveys showing the size of property, bounding streets; size, type and location of existing and proposed structures along with distances to all property lines.

State whether any of the activities described in your request above is a Non-Conforming Use:

To your knowledge has the above premises been subject to any prior applications to the Land Use Board: Yes No If yes, Type of Variance: _____

Approved or Denied _____ Resolution Date: _____

***"Building height"** means the **vertical** distance from the average elevation of the finished grade at the front of the building to the top of the highest roof beams on a flat, curved or shed roof, the deck level of a mansard roof, and the average distance between the eaves and the ridge level for gable, hip, and gambrel roofs, or the permitted number of stories whichever is less.

Applicant's Signature

OFFICE USE ONLY

Payment: Check # _____, Cash _____, Collected by: _____, Zoning Permit # _____

Ann M. Bell
Zoning/Code Enforcement Official
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