

BOROUGH OF RUMSON

80 East River Road
Rumson, NJ 07760
732-842-5267

ZONING PERMIT

Date: _____

Fee \$ _____

Check # _____

TYPE OF APPLICATION

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> New dwelling –commercial or residential | <input type="checkbox"/> Commercial addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Residential addition | <input type="checkbox"/> Commercial interior | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Accessory building/structure | <input type="checkbox"/> Sign | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Air Conditioner*** | <input type="checkbox"/> Driveway/Walkway/Patio | <input type="checkbox"/> Pool** |
| <input type="checkbox"/> Generator*** | <input type="checkbox"/> Commencement or change of use of a property/structure | <input type="checkbox"/> Other |

ALL RESIDENTIAL APPLICATIONS \$50
ALL COMMERCIAL APPLICATIONS \$100

With this application you are required to submit one (1) copy of a current survey/plot plan/site plan and one (1) set of architectural plans. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys *must* be prepared by a land surveyor (signed/sealed). Architectural plans must show Zoning data existing and proposed setbacks (Schedule 5-1), Building Height (Schedule 5-2), Lot Coverage and Building Coverage (Schedule 5-4) and Floor Area (Schedule 5-3).

Checks shall be made payable to: Borough of Rumson.

ALL FLOOD ZONE APPLICATIONS MUST BE ACCOMPANIED BY AN ELEVATION CERTIFICATE

** Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater.

*** Air Conditioner Units: Please indicate proposed location & provide specifications which show the height.

Generators: Please indicate proposed location & provide specifications which show that the unit has a Critical Muffler & Sound Attenuation Enclosure. These must be screened from neighboring properties and the street.

(Please Print Clearly)

1. Location of property for which Zoning Permit is desired:

Street Address: _____ Block: _____ Lot: _____ Zone: _____

2. Applicant's Name: _____ Tel. No. _____ Fax No. _____

Applicant's Address: _____

3. Property Owner's Name: _____ Tel. No. _____ Fax No. _____

Property Owner's Address: _____

4. Description of Work: _____

5. Has the above premises been the subject of any prior application to the Planning Board/ Zoning Board of Adjustment?
Yes ____ No ____ If yes, state date: _____

Board: _____ **Resolution # (if any):** _____ **(Submit a copy of the Resolution)**

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All Zoning Permits will be granted or denied within ten (10) business days from the date of complete application.

Signature of Applicant

Date

Print Applicant's Name

Signature of Owner (if different than applicant)

Date

Print Owner's Name (if different than applicant)

----- **FOR OFFICE USE** -----

Fee date: _____ Check#: _____ Cash: _____

Approved _____ Denied _____

COMMENTS:

Appeals of the Zoning Office's determination must be filed within 20 days of the date of issuance to the Planning/Zoning Board as provided by the New Jersey Municipal Land Use Law. *This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions.* The Board reserves the right to deem additional information and/or variances required. Approved zoning permits are valid for one (1) year, and may be extended by action of the Zoning Board.

Frederick J. André, Zoning Officer

Date