

**TOWNSHIP OF GREEN  
Zoning Permit Application**

▶ Please submit all of the following information to the Zoning Office in person, or by mail to the address below. Incomplete applications may be rejected due to time constraints.

**FEE (Schedule on back)** \_\_\_\_\_ Received \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

TO SCALE (Show approximate locations for all existing & Proposed structures, dimensions, height and setbacks from other Buildings and lot lines.)

\_\_\_\_\_ ENGINEERING APPROVAL (if applicable) \_\_\_\_\_ SITE PLAN/copy of PROPERTY SURVEY  
\_\_\_\_\_ BUILDING PLANS/FLOOR PLAN SKETCH (Required for new homes, offices & additions)

APPLICATION COMPLETE. Ready for max. 10-day review \_\_\_\_\_  
Zoning Officer's Signature Date

**A. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_  
(Daytime only, please)

**B. PROPERTY INFORMATION**

Property Owner: \_\_\_\_\_

Location: \_\_\_\_\_

Block: \_\_\_\_\_ Lot(s) \_\_\_\_\_

Lot Size \_\_\_\_\_ Zone \_\_\_\_\_

**C. PROPOSED STRUCTURE OR USE (Example: "open deck" "addition" "shed" "new business"\*)**

Description: \_\_\_\_\_

\$ \_\_\_\_\_ Proposed Cost Check one: \_\_\_\_\_ Principal Use \_\_\_\_\_ Accessory Use

- Applications for new business or change of use will require an additional application obtained from this office.

- **The property owner shall be responsible for the accuracy of the setbacks as noted below and on the survey for all additions, accessory structures (inc. pools) and accessory bldgs.**

Dimensions: \_\_\_\_\_ Height \_\_\_\_\_ Square Footage \_\_\_\_\_

Setbacks (in feet) FRONT \_\_\_\_\_ REAR \_\_\_\_\_

(Distance of proposed structure from lot lines) SIDE \_\_\_\_\_ SIDE \_\_\_\_\_  
(left) (right)

**D. HAVE YOU RECEIVED A VARIANCE/SITE PLAN APROVAL FOR THIS PROPERTY IN THE PAST?** \_\_\_\_\_ (if YES, please attach a copy of resolution, approval site plan and/or other approvals)

E. I Hereby Certify that Everything Presented in this Application Package is True to the Best of My Knowledge & Grant Permission to Inspect Subject Premises, if Necessary, for Review:

\_\_\_\_\_  
**Applicant's Signature** Date \_\_\_\_\_ **Property Owner Signature** Date \_\_\_\_\_

THIS PERMIT IS HEREBY ISSUED/DENIED PERMIT #: \_\_\_\_\_

\_\_\_\_\_  
Zoning Official's Signature Date \_\_\_\_\_

COMMENTS/CONDITIONS:

**Please Note:** In addition to applicable building permits, applicant is responsible for obtaining all associated local, county and/or state approvals as required by law. Attn: Zoning Officer, Township of Green, 150 Kennedy Road, P.O. Box 65, Tranquility, NJ 07879 Phone: 908-852-9333( ext 17) Fax 908-852-1972