

**Permit NO.**  
Z \_\_\_\_\_



Township of Edgewater Park  
400 Delanco Road  
Edgewater Park, NJ 08010  
Phone (609) 877-2217 Fax (609) 877-2308

**DISTRIBUTION**

- Owner
- CPA
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**Application For Zoning Use Permit**  
**PLEASE PRINT**

Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_

Zone in which located \_\_\_\_\_ Lot Area \_\_\_\_\_

Type and area of all existing structures \_\_\_\_\_

Proposed Structure and/or use \_\_\_\_\_

Owners Name \_\_\_\_\_

Owners Address \_\_\_\_\_

Date of Application \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Signature \_\_\_\_\_

**Attach plot plan (survey) or accurate sketch showing all existing and proposed structures on the property, setback dimensions and property dimensions. Attach Planning/Zoning Board approval Resolution, if applicable.**

DO NOT WRITE BELOW THIS LINE

**ZONING USE PERMIT**

The foregoing application and attachments have been examined and found to be in ( ) not in ( ) accordance with the terms of the Zoning ordinance and the following actions have been taken:

- ( ) Use permitted by Ordinance
- ( ) Use permitted by Resolution No. \_\_\_\_\_ approved on \_\_\_\_\_ subject to any special conditions attached to the grant thereof.
- ( ) Use permit is denied for noncompliance with the provisions of Section \_\_\_\_\_ for the following reasons: \_\_\_\_\_

An appeal of this decision may be taken by filing such appeal with the Secretary of the Zoning Board with twenty (20) days form the date of this notice. (N.J.S.A. 40:55 D-72).

Date \_\_\_\_\_ Zoning Officer \_\_\_\_\_