



BOROUGH OF SEASIDE HEIGHTS ZONING PERMIT APPLICATION



Ref Ord # 246-92

A ZONING PERMIT APPLICATION MUST INCLUDE ITEMS ON THE DETAILED "ZONING PERMIT INSTRUCTIONS" HANDOUT AND:

- 1) THIS COMPLETED APPLICATION FORM
- 2) PLOT PLAN OR SURVEY MARKED TO ADEQUATELY DEPICT THE PROPOSAL
- 3) ARCHITECTURAL PLANS AND/OR ADEQUATE DETAILS
- 4) A COPY OF THE RESOLUTION COMPLIANCE CERTIFICATE IF DESIGN HAS PRIOR BOARD APPROVAL
- 5) WRITTEN CONSENT FROM THE LAND OWNER
- 6) OTHER SUBMITTALS THAT MAY BE REQUIRED BY THE ZONING OFFICER

APPLICANT _____ PHONE _____

(Circle one): OWNER CONTRACTOR TENANT CONTRACT PURCHASER

APPLICANT'S ADDRESS _____
APARTMENT P.O. BOX STREET CITY/TOWN ZIP CODE

E-MAIL ADDRESS _____ FAX _____

BLOCK _____ LOT _____ SITE ADDRESS _____

APPROVAL REQUESTED (PLEASE CHECK ALL THAT APPLY):

Demo	_____	50.00	Zoning permit/update	_____	50.00
New single-family(S/F) dwelling	_____	100.00	Accessory building	_____	50.00
S/F dwelling addition under 150 sq. ft.	_____	50.00	Pool/Pool Heater	_____	50.00
S/F dwelling addition over 150 sq. ft.	_____	100.00	Shed under 200 sq. ft	_____	75.00
New two-family dwelling	_____	150.00	Fence*	_____	50.00
Multi Family	_____ per unit	50.00	Sign*	_____	50.00
House Raise	_____	50.00	Siding/Roofs- min req 125 mph*	_____	35.00
Deck/Stairs	_____	50.00	Commercial tent*	_____	50.00
Generator or air conditioning	_____	50.00	Commercial	_____	100.00
Under/Above ground tank	_____	50.00	Verification Letter*	_____	200.00
Hot Water Heater/Furnace	_____	50.00	CCO/Tenant Fit Out	_____	50.00

This request has prior approval from the Planning Board _____

Other (explain) _____

PLEASE DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

FLOOD MANAGEMENT REVIEW WHERE APPLICABLE: (*where indicated above, denotes work does not apply)

Flood Hazard Zone: _____ Base Flood Elevation: _____ Fee: _____

Has the proposed work been reviewed for Substantial Damage/Substantial Improvement? Yes No

Does the proposed work comply with all Borough of Seaside Heights Flood Zone/Flood Elevation requirements? Yes No

Application number _____ Date received _____ Cash/Check # _____ Receipt number _____

Date Denied _____ Reasons _____

Date Approved _____ Conditions _____

APPLICANT NOTIFIED BY:	DENIAL	APPROVAL
PHONE	_____	_____
E-MAIL	_____	_____
FAX	_____	_____
MAIL	_____	_____
IN PERSON/PICK-UP	_____	_____

- [] The Permit/Building Department is now reviewing your application.
- [] No additional permits are required to begin construction.
- [] It is the applicant's responsibility to submit the stamped plan to the Permit/Building Department.

ZONING OFFICER

Date