

ZONING PERMIT

TOWNSHIP OF DENNIS
ZONING OFFICE
571 PETERSBURG ROAD
DENNISVILLE, NJ 08214

DATE _____ NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE # _____

STREET ADDRESS OF PREMISES FOR WHICH ZONING PERMIT IS
REQUESTED

NAME AND ADDRESS OF OWNER (IF DIFFERENT FROM THAT OF
APPLICANT)

BLOCK _____ LOT _____ ZONE _____

PRESENT USE _____

PROPOSED USE _____

IS THIS CONSIDERED TO BE A NONCONFORMING USE/STRUCTURE IN THE
ZONING DISTRICT WHERE THE PROPERTY IS LOCATED? _____

IF YES, STATE WHAT FACTS ARE USED TO SUPPORT THE NONCONFORMING
STATUS

DESCRIPTION OF WORK TO BE PERFORMED _____

APPLICANT'S SIGNATURE _____ ZONING OFFICER'S SIGNATURE _____ DATE _____

APPROVED _____ DENIED _____ PERMIT NUMBER _____