

# 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 \_\_\_\_\_