

Bernardsville Borough

1 Anderson Hill Rd. Suite 103

Bernardsville NJ 07924

908-766-3000 x114

Fax: 908-766-1315

ZONING PERMIT APPLICATION

FEE \$100.00

Name of Applicant: _____

Address: _____

Phone # _____ Email _____

Block: _____ Lot: _____

Reason For Application: _____

(Addition, Fence, Deck, Pool, Patio, Other)

Stories or Square footage to be constructed: _____

1. Attach a certified plan or survey showing the existing conditions on the property
2. Describe the proposed activities to be conducted or structure to be constructed on the property

Has the property been the subject of any applications to the Land Use – Planning or Zoning Board?

_____ YES _____ NO

A visual inspection of the work approved by this permit will be conducted upon completion.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

Comments:

Approved / Disapproved

Date _____

Zoning Officer: _____

Taxes paid up to date Y ___ N ___