

Kingwood Township
599 Oak Grove Road
Frenchtown, NJ 08825
Tel: 908-996-4276 x 229 Fax: 908-996-7753
APPLICATION FOR ZONING PERMIT

Permit No. _____
Block ____ Lot ____
Zone _____

Applicant's Name _____
Address _____
Phone# _____ Fax _____

Address of property for which request is made _____
Name of property owner _____
Address of property owner _____
Purpose of Application and Use _____

Description of proposed structure (length, width, height) _____

Has this property been the subject of any prior application to the Land Use Board? _____
If yes, state the date, relief sought, and the results: _____

The following documentation shall be provided, if applicable; 1. Board approvals; 2. Driveway permit; 3. Well and Septic permits; 4. Food handling permit; 5. Soil disturbance permit; 6. Stream/Wetland encroachment permit; 7. Property survey or Plot Plan; 8. Flood Plain; 9. DEP; 10. Others required by law (Tax Form)

Date _____ Applicant signature _____ Owner's signature _____



ZONING OFFICER'S USE ONLY BELOW

This application meets all applicable zoning requirements of Kingwood Township

Zoning Officer _____ Date _____

Denied for the following reason(s): _____

