

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURY.PARK.COM



JOHN MOOR, MAYOR
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DONNA M VIEIRO, INTERIM CITY MANAGER
CINDY A. DYE, RMC, CITY CLERK

Zoning Permit Application

Zoning Control# _____

(Required for all Construction Permits, Parking Lots and Driveway modifications)

Work Site Address: _____ Asbury Park, NJ 07712

Block: _____ Lot _____

Applicant Name: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Property Owner Name (If different): _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Applicant's Affiliation to Property Owner (Check One): Same Tenant Agent Contract Purchaser

Existing use: _____ Proposed use: _____ Zone _____
(Single Family, 2 family, Retail, Office, etc.)

Is structure currently vacant and/or boarded? Yes No If YES, for how long? _____

Has the property been without a water meter 24 months or more? Yes No

Completely describe the proposed construction, alteration or renovation project (use back of form if necessary):

Note: THIS IS NOT A CONSTRUCTION PERMIT. A construction permit may be required. Construction without a permit from the construction code official could result in substantial fines. Additional fees may be required by the construction department.

I acknowledge that a Zoning Permit is issued based solely on the information presented to the Zoning Officer on this application. I further acknowledge that if the information is incomplete or misleading, the Zoning permit may be revoked and I will be subject to possible penalties in accordance with the City of Asbury Park Land Development Ordinance.

Applicant's signature _____ **Date** _____

Property owner's signature _____ **Date** _____

Fee: \$10.00 Additional fees may be required for a construction permit.

Date paid: / /	Cash / Check / M.O.#	Received by:
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