



Township of Fredon
443 Route 94, Newton, New Jersey 07860
Tel. 973-383-7025
Fax 973-383-8711

ZONING PERMIT NO: _____ ZONING DISTRICT: _____

Date: _____ Block: _____ Lot: _____ Telephone No.: _____

Owner: _____ Applicant: _____

Address of Owner: _____

Address of Applicant: _____

Property Location: _____

A PLOT PLAN OR SURVEY OF THE PROPERTY SHOWING EXISTING AND PROPOSED STRUCTURES, DIMENSIONS OF STRUCTURES, DISTANCES FROM PROPERTY LINES, LOCATION OF SEPTIC TANK AND LEACH FIELD, AND LOCATION OF ANY BUILDING CONSTRAINTS (ie., SLOPES, FLOODPLAINS, WETLANDS, STREAMS, ETC.), MUST BE INCLUDED WITH THE APPLICATION.

The proposed work at the above described premises, together with any building thereon is to be used as (describe proposed work):

State whether the property has been the subject of any prior applications to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the action of the Board(s).

I hereby make application for a zoning permit for the change described above and on the attached plan or survey map. I understand that before starting construction a building permit may be required. Answers to the above question and representations made on the attachments to this application are true and complete to the best of my knowledge.

Signature of Applicant

Approved: _____ Date: _____ Fee: _____ Check No. _____ Cash: _____

Denied: _____ Date: _____ Reason: _____

Arlene Fisher, Zoning Officer
973-383-7025, Ext. #25