

**ZONING PERMIT APPLICATION**

**The Borough of Highland Park – Zoning Dept.**

221 South 5<sup>th</sup> Avenue, Highland Park, NJ 08904  
Phone: (732) 777-6013 Fax: (732) 777-6017

**FOR OFFICE USE ONLY**

Check # \_\_\_\_\_  
Cash \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date: \_\_\_\_\_  
Collected By: \_\_\_\_\_

**Instructions:**

1. Complete information requested below (type or print).
2. Attach a survey drawn to scale with dimensions, showing the property as it exists & indicating proposed changes/additions.
3. Sign & return the completed application to the Zoning Office with the appropriate fee: \$75.00 for residential, \$75.00 for Two Family, \$75.00 for Multi-Family, \$125.00 for Commercial.

Please make checks payable to the "Borough of Highland Park"

**THIS IS NOT PERMISSION TO BEGIN WORK**

**IF CONSTRUCTION APPROVAL IS REQUIRED FOR THE WORK BEING DONE, PROCEEDING BEFORE PERMITS HAVE BEEN APPROVED AND ISSUED WILL RESULT IN A FINE**

1. **Subject Property**  
Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_
2. **Applicant**  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
email: \_\_\_\_\_
3. **Owner**  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
email: \_\_\_\_\_
4. **Indicate PRESENT use of property:**  
 **Residential:** \_\_\_\_\_ One Family \_\_\_\_\_ Two Family \_\_\_\_\_ Multi-Family  
 **Commercial:** \_\_\_\_\_ Retail \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_
5. **Indicate PROPOSED use of property:**  
 **Residential:** \_\_\_\_\_ One Family \_\_\_\_\_ Two Family \_\_\_\_\_ Multi-Family  
 **Commercial:** \_\_\_\_\_ Retail \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_
6. **Describe proposed construction, alteration, additions, intended use or any other changes:**  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Will a **Change of Tenancy** be involved with this application?  
 Yes  No If yes, please describe: \_\_\_\_\_
8. To the best of your knowledge, have **Development Restrictions** been placed on the property?  
 Yes  No If yes, please describe: \_\_\_\_\_
9. Do you own, or have you formerly owned, **Property Adjacent** to the subject property?  
 Yes  No If yes, please describe: \_\_\_\_\_

**CERTIFICATION: I (We) hereby certify that the statements contained herein are true & accurate.**

Signature of Applicant	Date	Signature of Owner	Date
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Based on information submitted & requirements of the Borough's Land Use Ordinance, this application is:

- Approved: 
  Building Permit Required 
  Business License Required 
  Health Dept. Review  
 Denied 
  Referred to the Zoning Board of Adjustment 
  Referred to the Planning Board

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

Signature of Zoning Officer	Date
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