



PERMIT # \_\_\_\_\_

**BOROUGH OF STOCKTON**  
 2 Main Street  
 PO Box M  
 Stockton, New Jersey 08859

**APPLICATION FOR ZONING PERMIT**

Date: \_\_\_\_\_

**BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONING DISTRICT ( )R-1-40 ( )R-1-15 ( )R-1-10 ( )CR ( )PL**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Owner & Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

	<b>EXISTING</b>	<b>PROPOSED</b>	<b>ACCESSORY STRUCTURE</b>	<b>BOROUGH REQUIREMENTS</b>
Lot Area				
Lot Width				
Lot Depth				
Height				
Setbacks				
Front				
Rear				
Left Side				
Right Side				
Total Lot Coverage				

Is lot located in "Flood Zone" or "Special Flood Hazard Zone" per F.E.M.A. \_\_\_\_\_

Are there known "Wetlands" on this lot \_\_\_\_\_

Have there been any "Variances" or "Site Plans" associated with this lot \_\_\_\_\_

Describe, detail, the existing & proposed activities to be conducted in the principal building

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe, detail, the activities to be conducted in any accessory structure \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **ATTACH OR INCLUDE COPY OF PLAN AND PROPERTY SURVEY TO APPLICATION**

Email to: [zoning@stocktonboronj.us](mailto:zoning@stocktonboronj.us)

- **INCLUDE CHECK FOR \$25.00 MADE PAYABLE TO: STOCKTON BOROUGH**
- **CHECKS CAN BE MAILED OR DROPPED OFF AT BOROUGH HALL**

PERMIT # \_\_\_\_\_

BLOCK \_\_\_\_ LOT \_\_\_\_

This is to certify that the proposed use of this application is: **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

\*The approval of this permit does not relieve the applicant of the responsibility for obtaining other required permits.

\_\_\_\_\_  
**Robert Miller, Zoning Officer**

\_\_\_\_\_  
**Date**

c: Construction Official  
Planning Board Secretary