

Borough of East Newark

34 Sherman Avenue East Newark, New Jersey 07029 Phone: (973) 481-2902 Fax: (973) 481-0627

www.boroughofeastnewark.com

APPLICATION FOR ZONING APPROVAL

Application is hereby made by the undersigned for a Zoning Certificate to be issued in accordance with the requirements of the Borough of East Newark. All plans, drawings, surveys, and documentation submitted with this application are deemed to be a part of this application. The undersigned hereby agrees to comply with all of the Ordinance and Regulations of the Borough of East Newark. If any use of building or structure applied for herein shall be in violation of foresaid Ordinance or Regulation, the Zoning Officer shall have the right to stop such use of work on the premises until such violations shall have been corrected, and there shall be no liability on part of the Borough of East Newark because of such stoppage.

APPLICANT:	FOR OFFICE USE ONLY:
NAME:	FEE PAID:
ADDRESS:	YES:
TEL. NO	NO:
PROPERTY ADDRESS:	
BLOCK LOT	DATE RETURNED:
PROPERTY OWNER: (if different from applicant)	BY:
NAME:	
ADDRESS:	
TEL. NO	
ZONE:	
CURRENT USE:	_
INTENDED USE:	
EXPLAIN IN DETAIL THE PROPOSED CONSTRUC	TION
	SIZE OF NEW CONSTRUCTION (sqft) (Attach
survey showing present condition and proposed construction	ction)
CERTIFICATE OF APPLICANT	
I,, BEING O	F FULL AGE, CERTIFY AS FOLLOWS:
1. I am the ownder of the above property or, in the alte application.	rnative I have permission from the owner to make this
2. The use of the property and occupancy of the proper	ty will be in accordance with all the Ordinances and
Regulations of the Borough of East Newark and all	other authorities.
	s in this Application and any Attachments hereto are true
to the best of knowledge. I am aware that if they are	Willfully false, I am subject to punisment.
Date:	Signature of Applicant
APPROVED	
Date:	
	Zoning Officer
DENIAL OF ZONING CERTIFICATE: (if applicable)	-
The Zoning Certificate is denied for the following reaso	ns: