

Fee: \$15

Mail To: PO Box 308
Shiloh NJ
08353

STOW CREEK TOWNSHIP

Application for Zoning Permit

TO ALTER, ERECT OR USE A STRUCTURE; or to USE LAND IN ACCORDANCE WITH THE BUILDING AND ZONING ORDINANCE OR SUBDIVISION OF STOW CREEK TOWNSHIP

ZONING-BUILDING ADMINISTRATION

To the Zoning Officer:

Application No. _____

_____ the undersigned, hereby make application for a permit to

Property Owner

alter
erect a _____ story _____ building on property
use

located _____

ZONE DISTRICT _____ Block No.: _____ Lot No.: _____

Building (or land) to be used for _____

Room Height (Feet) _____ Overall (Grade level to highest point of roof) in Ft. _____

Front Yard, Ft. _____ Left Side Yard _____ Right Side Yard _____ Rear Yard _____

Lot Area per Family _____

Other Conditions _____

Cost _____ Time of Commencement _____

Approved _____, 20 _____

Permit No. _____ Date _____, 20 _____

Refused _____, 20 _____

Reasons for Refusal _____

Zoning Officer

It is understood and agreed both at the giving and at the acceptance of this permit that neither the granting of said permit, nor the inspection authorized and required by the said code and ordinance, nor the approval of the Zoning Office and Building Inspector to any or all of the work hereby permitted to be done, shall in any manner infer, create or establish any liability, of any kind or nature whatsoever, upon the said Stow Creek Township, its agents, servants, employees, successors or assigns; waiver of such liability being acknowledged by the acceptance hereof by the licensee.

Signature of Applicant:

Owner of Property:

Address _____

Telephone Number _____

Signature _____