



TOWN OF CLINTON
 INCORPORATED APRIL 5, 1865
 43 Leigh St., P.O. Box 5194
 Clinton, N.J. 08809-5194
 (908) 735-8616 FAX (908) 735-8082

APPLICATION FOR RESIDENTIAL ZONING PERMIT

Date of Application _____ Block _____ Lot _____ Zone _____

Name: _____

Address: _____

Phone: _____

Type of development: (Please Circle)

New Construction Addition Pool Garage Other _____

Description of Project: _____

Lot Data Table:

Property setback for primary structures:

	Existing	Proposed	Required
Front Yard			
Right Side Yard			
Left Side Yard			
Rear Yard			
Height			
Building Coverage (percentage)			

(*area of principal building divided by lot area expressed as a percentage)

Please note that this is NOT A CONSTRUCTION PERMIT. If a zoning permit is granted a building permit may be required.

Attach a Plot Plan or Survey of the property, drawn to scale, Showing what exists now on the property and the proposed changes with all setbacks and size of proposed structures.

**** \$25.00 Fee to accompany Zoning Application*****

Signature of Owner : _____

FOR OFFICE USE ONLY

 Date Received _____ Zoning Permit Approved _____ Zoning Permit Denied _____

Signature of Zoning Officer _____ Date _____