

TOWNSHIP OF KINGWOOD

Committee Meeting:
First Tuesday of Each Month – 8pm
Municipal Building:
Corner of Rt. 519 & Oak Grove Rd.
Fax: (908) 996-7753



Address Reply To:
Mary E. MacConnell, RMC
P.O. Box 199
Baptistown, NJ 08803-0199
Phone: (908) 996-4276

Permit No. _____ ZONING PERMIT APPLICATION

Date of Permit: _____ Block _____ Lot _____

Owner: _____

Address: _____

Telephone: _____ Zoning District _____

This is to clarify that the above described premises together with any building thereon are used or proposed to be used as or for.

Applicant

Which is a:

- Use permitted by ordinances
- Use permitted by variance: _____
subject to any special conditions attached to the grant thereof
- Valid nonconforming use as established by
 - finding of the zoning board of adjustment
 - by the undersigned the zoning officer on the basis of evidence supplied by applicants as specified on the reverse hereof is a detailed statement of the nonconforming use
- There is a nonconforming structure on the premises by reason or insufficient
 - finding of the zoning board of adjustment
 - by the undersigning the zoning officer on the reverse hereof is a detailed statement of the nonconforming use
- There is a nonconforming structure on the premises by reason or insufficient
 - setback side yard rear yard other (specify)

Zoning Officer