TOWN OF KEARNY

Construction Code Enforcement Department 410 Kearny Avenue, Kearny, N.J. 07032 (201) 955-7880 - FAX (201) 998-5171 www.kearnynj.org

ZONING PERMIT APPLICATION		Date:	
Is this an update to a previously submitted	application? Yes:	, No:, If Yes Pre	evious Permit No:
Block #:	Lot#:	Zone:	
Address of Work Site Location:			
Existing Use (i.e., One Fam., Two Fam., #	of Commercial Units):		
Proposed Use:			
Property Owner's Name:			
Owner's Address:			
Description of Work:			
I hereby certify that the proposed work is a make this application as his/her agent and of Owner/Agent's Name:	uthorized by the owner of we agree to conform to all (Print N	applicable laws of this ju	en authorized by the owner to risdiction.
(Signature of Owner/Agent)	(Addre	ss)	Telephone #
Two Subd Land Use Two Site Construct	es of a signed & sealed sur livision Plats, prepared in a Regulations (LUR) Plans, prepared in accorda- tion Permit alley Sewerage Commission	accordance with the Town	of Kearny arny LUR.
Office Use Only:			
Variance: Approval Date:		, File #:	
Check Applicable: Corner Lot:		, Inside Lot:	
Setbacks: Front:, Rear:	, Side yard One:	, Side Yard Two:	, Second Front:
Ground Floor Area: Existing:	, Proposed:	, Total square feet:	
Square Foot of Lot:	, Percentage of Lot	covered by bldg:	, Height:
Swimming Pool distance from: Foundation	Wall:	, Side:	, Rear:
Fencing: Type:	, Height:		, Location:
Application Fee: \$25.00 - Please make ch	ecks payable to the Town	of Kearny	
This application is: Approved:	, Denied:, Zo	ning Permit Appl. #:	ruction Control #: