



Engineering Department

Zoning Permit Application

TO BE FILLED OUT BY OWNER 973-912-2219

Owner's Information		Contractor Information	
Last Name:	First Name:	Name of Business:	
Block #:	Lot #:	License #:	Federal #:
Address:		Phone Number:	
Phone Number: _____		Contractor's Address:	
Email address: _____			

Type of Application	Specifications/Dimensions	Remarks (Explain proposed work)
<input type="checkbox"/> New Home <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Accessory Structure AC Unit, Generator, Etc.) <input type="checkbox"/> Fence <input type="checkbox"/> Shed <input type="checkbox"/> Driveway: Expansion <input type="checkbox"/> Driveway: Resurface <input type="checkbox"/> Other: _____	Height: _____ Length: _____ Width: _____ Material: _____ Other: _____	_____ _____ _____ _____ <hr/> <ul style="list-style-type: none"> - Please submit a current survey (to scale) with this form showing the proposed work. Show complete dimensions - If alteration is more than 50 percent of value of structure (s), then all current zoning requirements would apply. - Permit Fee \$25

Has this premises been subject to any prior action by the Springfield Planning Board or Board of Adjustments?
 Yes No

If Yes, Explain and provide Planning Board or Board of Adjustment Application Number and/or Resolution of approval.

Please include a copy of your property survey drawn to an accurate scale showing your requested improvement(s)

Signature of Property owner	Date of Application
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FOR OFFICIAL USE ONLY

Zoning Official / Director of Engineering	Approved	Date
	Denied	

If denied, Reason for Denial:

Applicant was notified of Approval or Denial Yes No Date _____

Method of Notification: Phone Mail Fax Email

If Application was Denied, was application sent to the Planning Board Board of Adjustments

Official Remarks:

Check our zoning ordinance online at www.springfield-nj.us