Township of Springfield, New Jersey
County of Union

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:		Address:	
Phone Number:		Phone Number:	

Type of Application	**Specifications/Dimensions**	**Instructions**
☐ New Home ☐ Addition/Alteration ☐ Deck ☐ Pool ☐ Retaining Wall ☐ Accessory Structure AC Unit, Generator, Etc.) ☐ Fence ☐ Shed ☐ Driveway: Expansion ☐ Driveway: Resurface ☐ Other: _____	Height: _____ Length: _____ Width: _____ Material: _____ Other: _____	**1. Complete application in its entirety** **2. Attach copy of property survey marking on survey the location and size of proposed work** **3. Survey must be to scale – Not reduced or enlarged** **4. Include a payment of $35.00 cash or check** **5. All of the above must be submitted at time of submittal or the application will be returned**

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	

FOR OFFICIAL USE ONLY

Zoning Official / Director of Engineering		Approved Denied	Date	

Reason for Denial:

Applicant was notified of Approval or Denial ☐ Yes ☐ No	Date	

Method of Notification: ☐ Phone ☐ Mail ☐ Fax ☐

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

Official Remarks:

DATE RECEIVED	**PERMIT NUMBER**	**PAYMENT**

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