



BOROUGH OF MANVILLE

ZONING OFFICE

325 NORTH MAIN STREET

MANVILLE, NJ 08835

(909) 725-9478

ZONING PERMIT APPLICATION

BLOCK: _____ LOT: _____ DATE: ____/____/____

PROPERTY ADDRESS: _____

OWNER IN FEE: _____ → PHONE #: (____) _____

→ EMAIL: _____

ADDRESS: _____

APPLICATION FOR: () NEW OR () EXISTING

() FENCE: TYPE: _____ SIZE: _____

() SHED: TYPE: _____ SIZE: _____

() GENERATOR: TYPE/SIZE: _____

() HVAC: TYPE: _____ SIZE: _____

() DWELLING: () NEW () EXISTING

() ADDITION: (STATE SIZE AND USE) _____

() DORMER: (STATE SIZE AND USE) _____

() GARAGE: SIZE: _____

() DECK: (STATE SIZE) _____

() PORCH: (STATE SIZE) _____

() SOLAR PANEL SYSTEM: (STATE LOCATION) _____

() POOL:

() INGROUND: (STATE SIZE) _____

() ABOVE GROUND: (STATE SIZE) _____

PLEASE PROVIDE THE FOLLOWING:

→ 1. A COPY OF YOUR SURVEY MAP/SITE PLAN **REQUIRED** (INDICATE LOCATION OF PROPOSED WORK)

2. A DRAWING OF YOUR PROJECT (SHOULD BE TO SCALE)

3. FRONT YARD SETBACK: _____

4. SIDE YARD SETBACK: _____

5. REAR YARD SETBACK: _____

→ SIGNATURE: _____

Owner/Agent

OFFICIAL USE ONLY

Fee: \$10.00 Fee Paid \$ _____ Check #: _____ Cash: \$ _____

Received By: _____ Date: ____/____/____

Final Approval of Zoning Official _____ Date: ____/____/____