



TOWNSHIP OF FRANKFORD
APPLICATION FOR ZONING PERMIT
APPLICATION FEE \$35.00

Date: _____ Block: _____ Lot: _____, Zone: _____

Physical location Street: _____ Email: _____

Name of Applicant: _____ Phone # _____

Mailing Address: _____, City: _____ State _____, Zip Code: _____

Name of Owner: _____ Phone # _____

Mailing Address: _____, City: _____ State _____, Zip Code: _____

1) State purpose for which this Zoning Permit is requested: _____

2) Attach (2) two surveys showing the size of property, bounding streets; size, type and location of existing and proposed structures along with distances to all property lines.

3) Describe the use for the building and or accessory building you will be applying for: _____

4) State whether any of the activities described in Item #3 above are conducted as a non-conforming use. If so, please explain: _____

5) To your knowledge, has the above premises been subject to any prior applications to the Land Use Board: Yes , No , If yes, Type of Variance: _____

Approved or Denied _____ Resolution Date: _____

Applicant's Signature

Paid: Check # _____, Cash _____, Collected by: _____, Date: _____

Sharon Tufaro
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