



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

Application 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: _____

State the purpose for which this Zoning Permit is being requested: _____

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.

State whether any of the activities described in your request above is a Non-Conforming Use:

If so, 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: _____

**"Building height" means the vertical distance from the average elevation of the finished grade at the front of the building to the top of the highest roof beams on a flat, curved or shed roof, the deck level of a mansard roof, and the average distance between the eaves and the ridge level for gable, hip, and gambrel roofs, or the permitted number of stories whichever is less.*

Applicant's Signature

Payment: Check # _____, Cash _____, Collected by: _____, Zoning Permit # _____

Sharon Tufaro
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