TOWNSHIP OF CHESTER
Zoning Permit

Application #:	**13605**	Permit No:	**20140161.000**	Issue Date:	**06/04/2014**
Construction Control Number :		**17136**			
Block:	**32**	Lot:	**53.05**	Qualifier:	
Work Site:	**139 SOUTH ROAD**			Zone:	**R-2**
Owner:	**PROBERT, GARY J/LAURA A**			Agent:	**AMERICAN CARPET SOUTH**
Address:	**139 SOUTH ROAD**			Address:	**347 BROADWAY**
City/State/Zip:	**CHESTER NJ 07930**			City/State/Zip:	**PASSAIC NJ 07055**
Telephone:	**908 8798830**			Telephone:	**973 3300403**
Fax:	**(___)-___-____**			Fax:	**(___)-___-____**
EMail:	□□□□□□□□@□□□□.□□□			EMail :	□□□□□□□□□□□□□@□□□□□□.□□□
Tenant:					

Voucher/Receipt #: 0
Check #: 160
Amount collected: $140.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

KITCHEN RENOVATION WITH NEW CABINETS, ELECTRICAL & PLUMBING

Which is a:

[X] Use permitted by Zoning Ordinance, Article - **ARTICLE 33** Section - **113-216**

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other: FINAL ASSESSMENT OF DETERMINATION OF COAH FEE REQUIRED PRIOR TO ISSUANCE OF C/A FOR KITCHEN RENOVATION

Dorrie Fox **Zoning Official**

This is NOT a Construction Permit