APPLICATION FOR ZONING PERMIT
TOWNSHIP OF WASHINGTON
COUNTY OF MERCER

1. Name of Applicant JOSEPH ESPOSITO
2. Mailing Address of Applicant 298 Sharon Rd Robbinsville NJ 08691
3. Home Phone Number 609 259 5774
4. Office Phone Number 609 259 8822
5. Name and Address of Owner if different from Applicant _____
6. Block No. 44 Lot No. 35.04 Page No. _____
7. Have the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board? If yes, please state which Board and When.
8. Dimensions of Principal Building _____
9. Dimensions of Accessory Building(s) _____
10. Please provide a brief description of the proposed project. Include dimensions of any proposed structures and proposed front, side and rear yard setbacks if applicable. Applications for fences should include height and type.

4' Fence Des pool Keys

Applicant must submit two (2) copies of a plan of sufficient accuracy to be used for the purpose of determining if the requirements of Chapter 103 Land Use and Development Ordinance have been met.

Applicant must also submit a $15.00 Zoning Permit fee prior to the issuance of the permit.

I hereby certify that the information and exhibits submitted are true and correct to the best of my knowledge.

(Signature of Applicant) (Date)

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*****DO NOT WRITE IN THIS SPACE*****

Zoning Permit No. _____ Date _____

Fee Paid _____

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