



BOROUGH OF UNION BEACH
ZONING OFFICE
650 POOLE AVENUE
UNION BEACH, NJ 07735
TEL.: (732) 526-8687

APPL # _____
DATE ____/____/____
FEE \$ _____
CHK/MO # _____
DUMPSTER # _____

ZONING APPLICATION

APPLICANT NAME: _____

YOUR ADDRESS _____

PHONE NO. _____ EMAIL ADDRESS _____

ADDRESS OF ZONING INQUIRY _____

BLOCK _____ LOT _____ ARE YOU THE OWNER?: YES / NO

IS THIS INQUIRY ABOUT: (CHECK ALL THAT APPLY) :

ELEVATE EXISTING STRUCTURE? _____ DEMO OF EXISTING STRUCTURE _____ TO SELL _____

TO BUY _____ BUILD NEW HOME _____ SOLAR _____ POOL _____ SHED _____

OTHER/DESCRIPTION: _____

I CERTIFY THAT ANY ATTACHED PLANS OR SURVEYS SHOWING CURRENT / PROPOSED LOCATIONS OF STRUCTURES, NEW CONSTRUCTION OR ADDITIONS, THEIR DISTANCES, ELEVATIONS AND OTHER SUCH MEASUREMENTS THAT WILL BE INVOLVED WITH THE ABOVE, INCLUDING FRONT, REAR AND SIDE YARD DISTANCES AND PROPERTY LINES ARE TRUE AND ACCURATE.

I ALSO UNDERSTAND THAT ALL FEES ARE NOT REFUNDABLE.

DATED: _____

Signature: _____

(OWNER OR PURCHASER UNDER CONTRACT)

ZONING PERMIT

This is to certify that I have examined the above application, the plans and survey submitted therewith, and the property affected by such application and I find that the use, as proposed violates / does not violate any provision of the Zoning Ordinance of the Borough of Union Beach.

Dated: _____

Signature: _____

(Building Inspector and Zoning Officer of the Borough of Union Beach)