

ZONING APPLICATION LONG BEACH TOWNSHIP

DATE _____

NAME _____ ADDRESS _____

BLOCK _____ LOT _____ USE _____

WORK DESCRIPTION: _____

CHECK ONE: SINGLE FAMILY DUPLEX OTHER (EXPLAIN) _____

DO NOT WRITE BELOW THIS LINE

FEE \$ _____ ZONE _____ PERMIT # _____

MINIMUM REQUIREMENTS	PROPOSED	AS BUILT
LOT SIZE _____	LS _____	LS _____
E _____	F _____	F _____
R _____	R _____	R _____
S _____	S _____	S _____
ADJ _____	ADJ _____	ADJ _____
HEIGHT _____ MAX.	H _____	H _____
% COVERAGE _____ MAX.	_____	_____
SLAB ELEVATION _____ MIN.	_____	_____
IMP COV _____ MAX.	_____	_____
FRONT IMP COV _____	_____	_____
FLOOD ZONE _____	FF _____	_____

AS BUILT PLOT PLAN REQUIRED YES NO

UPDATED EC REQUIRED YES NO

CURB REQUIRED YES NO

REMARKS: _____

REVIEW DATE _____

PERMIT DATE _____

DENIED DATE _____

ZONING OFFICER _____