

Application for Zoning Permit
City of Paterson, New Jersey

The Application for a Zoning Permit Shall Request the Following Information from an Applicant Wishing to Submit an Application for Development or Wishing to Obtain a Building Permit or a Certificate of Occupancy.

1. Name of Applicant: _____
2. Address of the Applicant: _____
3. Name and Address of owner if different from that of the applicant: _____

4. Block and lot number and street address of premises for which a zoning permit is desired:

5. State dimensions of principal building: _____
6. State dimensions of accessory building: _____
7. Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings or on the lot:

8. State whether any of the activities described in number 7 are conducted as a non-conforming use: (If so, state the facts supporting this contention):

9. Have the premises been the subject of any prior application to the Planning Board or Zoning Board of Adjustment to the applicant's knowledge. If so, what was the date and nature of the prior application(s): _____

Date: _____ (Applicant) (Individual)

Attest: _____ Name of Corporation

By: _____
Authorized Officer

For Use by the Zoning Officer:
Specify as to which Sections of the Ordinance are involved, what variance would be required, before which Board, before a zoning permit can be issued:

