



REQUEST FOR ZONING INFORMATION

Fee \$25.00

Date: _____ Control Number: _____

Block: _____ Lot(s): _____

Address: _____

Owner's Name: _____

Owner's Address: _____

Applicant's Name: _____

Applicants Address: _____

Phone: _____ Fax: _____

The following zoning information for the above referenced property is requested:

- Zone designation, Bulk schedule information, Permitted principal uses in this zone, Variance application, Permitted accessory uses in this zone, Permitted continued occupancy of this property, As built request Letter, Other (Specify):

Applicant's Signature: _____ Date: _____

COPIES OF EXISTING FILES CAN ONLY BE OBTAIN THROUGH A WRITTEN REQUEST SUBMITTED TO THE CITY CLERK'S OFFICE LOCATED AT 260 HIGH STREET, P.A.N.J.

Official use only

ZONING DETERMINATION(S): _____

The zoning determination(s) supplied in response to this application is/are deemed to be accurate and correct. These findings are based on the review of all existing files, records, zoning maps and ordinances.

Date: _____
Jamie Rios, Zoning Officer Or Lance Nelson, Asst. Zoning Officer