



REQUEST FOR ZONING INFORMATION

Date: _____ Control Number: _____

Block: _____ Lot(s): _____

Address: _____

Owner's Name: _____

Owner's Address: _____

Applicant's Name: _____ Phone: _____

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.
- 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