



TOWN OF KEARNY

Construction Code Enforcement Department
410 Kearny Avenue, Kearny, N.J. 07032
(201) 955-7880 - FAX (201) 998-5171
www.kearnynj.org

ZONING PERMIT APPLICATION

Date: _____

Is this an update to a previously submitted application? Yes: _____, No: _____, If Yes Previous Permit No: _____

Block #: _____ Lot #: _____ Zone: _____

Address of Work Site Location: _____

Existing Use (i.e., One Fam., Two Fam., # of Commercial Units): _____

Proposed Use: _____

Property Owner's Name: _____

Owner's Address: _____

Description of Work: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction.

Owner/Agent's Name: _____
(Print Name)

| (Signature of Owner/Agent) | (Address) | Telephone # |
|-------------------------------------|--|-------------|
| Documents Submitted: | _____ Two sets of floor plans (showing dimensions & type of rooms) of area to be occupied | |
| | _____ Two copies of a signed & sealed survey by a NJ licensed Land Surveyor | |
| | _____ Two Subdivision Plats, prepared in accordance with the Town of Kearny Land Use Regulations (LUR) | |
| | _____ Two Site Plans, prepared in accordance with the Town of Kearny LUR. | |
| | _____ Construction Permit(s) | |
| Passaic Valley Sewerage Commission: | _____ Application given to applicant by: _____ on _____ | |

Office Use Only:

Variance: _____ Approval Date: _____, File #: _____

Check Applicable: Corner Lot: _____, Inside Lot: _____

Setbacks: Front: _____, Rear: _____, Side yard One: _____, Side Yard Two: _____, Second Front: _____

Ground Floor Area: Existing: _____, Proposed: _____, Total square feet: _____

Square Foot of Lot: _____, Percentage of Lot covered by bldg: _____, Height: _____

Swimming Pool distance from: Foundation Wall: _____, Side: _____, Rear: _____

Fencing: Type: _____, Height: _____, Location: _____

Application Fee: \$25.00 – Please make checks payable to the *Town of Kearny*

This application is: Approved: _____, Denied: _____, Zoning Permit Appl. #: _____

Received: Cash – Receipt #: _____, Check #: _____, Construction Control #: _____

Tony Chisari, A/Construction Official/Zoning Officer