TOWN OF KEARNY

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

ZONING PERMIT APPLICATION

Date: _____

Is this and update to a previously submitted application: Yes: _____, No: _____, If yes, previous permit no: _____

Block: _____ Lot: _____ Zone: _____

Work Site Location: _____

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

Proposed Use (if different from above) _____

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 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)
_____ Construction Permit(s)

Passaic Valley Sewage Commission: _____ Application given to applicant by: _____ on _____

Office Use Only

Taxes are current: Yes _____, No _____, Date: _____

Previously Approved use: Yes _____, No _____ Initials: _____

Previously Received Board Approval:

Zoning Board: Approval Date: _____, File #: _____

Planning Board: Approval Date: _____, File #: _____

Application Fee: $25.00 – Please make check or money order payable to the **Town of Kearny.** Cash is NOT accepted.

This application is: Approved: _____, Denied _____

Received: Check/M.O.#: _____, Receipt #: _____

_____
Tony Chisari, Construction Official/Zoning Officer