BOROUGH OF WOODBINE
APPLICATION FOR ZONING PERMIT

Date: _____

1. Applicant's Name: _____
   Address: _____
   Phone #: _____
2. Owner's Name: _____
   Address: _____
   Phone #: _____
3. Property Location: Block#: _____ Lot#: _____
   Address: _____
4. Building Use:
   Zoning District _____
   Existing Use _____ New Use _____
   Building Area _____ New Building Area _____
   % of lot covered _____ New % of lot covered _____

5. Building Setbacks: Front _____ Rear _____
   Side _____ Side _____

6. Attach to this application the following:
   A. Copy of Plot Plan B. Copy of Site Plan C. Copy of detail drawing of structure
   (These items will become permanent to the application for zoning approval)

7. Return application to:

Martin Bogushefsky, Zoning Officer
Borough of Woodbine
501 Washington Avenue
Woodbine, NJ 08270

8. Signature of applicant: _____
9. Permit Application Fee: A. Residential $20.00 Check#: _____
   B. Commercial/industrial$30.00 Check#: _____

FOR OFFICE USE ONLY

Date application received: _____

Date application complete: _____

DATE:_____ APPROVED: _____ DENIED: _____

Reason for denial: _____