



TOWN OF NEWTON

Zoning Office
39 Trinity Street
Newton, NJ 07860
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APPLICATION FOR A ZONING PERMIT
Temporary (6 months)

Please Print or Type

Date:	Block:	Lot:	Zone:
Name of Applicant:		Location of Premises:	
Address of Applicant:		Email	
Street	Town	Zip Code	Phone
Name of Owner (if different from Applicant)			
Address of Owner:			
Street	Town	Zip Code	Phone
Description of Proposed Use: (P.O.D./Banner/Sign)			

*Please attach a survey showing: Size of plot, streets, size, type and location of existing and proposed structures, fences or signs where applicable, and distances to all property lines. A letter of approval from your Homeowners' Association, if applicable.

Owner Signature

Applicant Signature

Prior Approvals on Subject Premises:	Planning Board:	Date of Approval:	
	Zoning Board:	Date of Approval:	
Contractor or Person Doing Work (if different than owner):			
Address:			
Street	Town	Zip Code	Phone

I hereby give permission for the Town of Newton Zoning Official to come upon and inspect these premises with respect to this application

Date: _____ Print Name: _____ Owner Signature: _____

**Failure to provide all requested documents will halt the processing of this application and it will be deemed incomplete.*

**It is the responsibility of the applicant to obtain any permits required by NJDEP.*

_____ DENIED DATE _____ REASON: _____

_____ APPROVED DATE _____ SPECIAL CONDITIONS: _____

And is a: Use Permitted by Ordinance

Use Permitted by Variance approved on _____ subject to any condition attached to the grant thereof.

Valid non-conforming use (according to NJSA 40:55D-68)

ZONING OFFICER

ZONING PERMIT NO.

**NOTE: This is NOT a building permit. You will be required to apply for building permits as deemed necessary by the Construction Official.*