



# Zoning Permit Application

Borough of Roselle  
Office of Planning & Zoning  
210 Chestnut Street, Roselle, NJ 07203  
(908) 259-3029

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Zoning App. No.: \_\_\_\_\_

All information within this application must be complete and compliant with all submission requirements in order to be considered.

### APPLICATION TYPE

Residential – Fee \$75.00

- New Construction
- Addition
- Accessory Structure\*
- Fence
- Driveway/Walkway/Patio
- AC/Generator
- Solar Panels
- Resolution Compliance

Non-Residential/Commercial – Fee \$125.00

- New Construction
- Addition
- Accessory Structure\*/Fence
- Interior
- Driveway/Parking Lot/Walkway/Patio
- Occupancy/Tenant Fit-Out
- Confirmation of Use
- Sign/Awning
- Resolution Compliance

### OFFICE USE ONLY

Approval Status

Accessory Structure Type: \_\_\_\_\_

Includes the following: Deck, Detached Garage, Pool, Shed, etc.

Other: \_\_\_\_\_

### PLEASE PRINT CLEARLY:

Subject Property Address	Block	Lot	Zone District
_____	_____	_____	_____

Applicant Name (can be property owner, contractor, etc.): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner's Name (if different): \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### To ensure timely processing, please complete the checklist below:

- Both sides of this application have been completed in full.
- Two (2) copies of the current property survey (no more than 10 years old) have been provided:  
One copy is a clean original that reflects *all existing conditions* on subject property (sheds, patios, walkways, etc.) The second copy shows *all proposed improvements* accurately illustrated (digitally or by hand) with distances to property lines and/or principal structure indicated.  
SURVEYS MUST BE TO SCALE!
- Payment has been provided (business check or money order). Checks shall be made out to the "Borough of Roselle"



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## Project Details

Describe **all proposed work to be completed**, or list the **proposed business services to be offered**:

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Will the proposed work require any grading on-site? Yes  No

Will the proposed work increase total impervious coverage on-site? Yes  No   
If yes, how much (in square feet)? \_\_\_\_\_ ft<sup>2</sup>

## Additional Details

Present Use of Principal Structure or Lease: \_\_\_\_\_

Proposed Use of Principal Structure of Lease: \_\_\_\_\_

Has the subject property been the subject of any prior Application to the Planning or Zoning Board? Yes  No  Planning   
Zoning

If yes, provide date approved: \_\_\_\_\_ Resolution No.: \_\_\_\_\_

## Applicant Certification

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property shall be complied with. All Zoning Permits will be granted or denied within ten (10) business days of submission of a complete application. Zoning Permits are valid for one (1) year from the date of issuance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_

Signature of Property Owner (If Different): \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Name (Please Print): \_\_\_\_\_

### OFFICE USE ONLY

Deposit Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Money Order: \_\_\_\_\_ Check No.: \_\_\_\_\_ CC Transaction No: \_\_\_\_\_

