BOROUGH OF FRANKLIN LAKES
480 DE KORTE DRIVE
FRANKLIN LAKES, 07417
(201) 891-4000, Ext. 1213
(201) 847-1361 FAX
www.franklinlakes.org

APPLICATION FOR ZONING REVIEW

A CURRENT SURVEY MUST BE SUBMITTED FOR THIS APPLICATION

$50.00 FEE

DATE _____

PLEASE PRINT

1. SITE ADDRESS: _____ BLOCK _____ LOT _____

2. Applicant's Name: _____ Tel. No. _____

   Applicant's Address: _____

3. Property Owner's Name: _____ Tel. No. _____

   Property Owner's Address: _____

4. Describe proposed construction or alterations at the subject site: _____
   _____
   _____

5. Is a change of occupancy or tenancy involved in this application: Yes ☐ No ☐
   If yes, describe: _____

6. Has the subject premises been the subject of prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge. Yes ☐ No ☐ If Yes, state date: _____

ALL APPLICATIONS MUST BE SIGNED:

_____
Applicant Signature — Print Name (Applicant)

_____
Property Owner Signature or Designated Agent — Print Name (Owner)

OFFICE USE ONLY:

Based on the information submitted and the requirements of the Borough Zoning Ordinance, your application for a Zoning Permit is hereby:

APPROVED ☐ _____ DENIED ☐ DATE _____

If approved, valid for 1 year from date of approval

Comments on Decision: _____

_____

_____

_____

_____ _____
Signature of Zoning Officer — Date
(201) 891-4000, Ext. 1213