

APPLICATION FOR ZONING REVIEW

BOROUGH OF FRANKLIN LAKES
480 DE KORTE DRIVE
FRANKLIN LAKES, NJ 07417
(201) 891-4000 x1220
www.franklinlakes.org

A CURRENT SURVEY WITHIN 7 YEARS
MUST BE SUBMITTED WITH THIS APPLICATION
\$75.00 fee/\$50.00 re-review fee

ZCN# _____

PLEASE PRINT

SITE ADDRESS: _____ BLOCK _____ LOT _____
Property Owner: _____ Tel. No. _____
Mailing address: _____ Email _____
Contractor: _____ Contractor Tel. No. _____
Contractor Mailing Address: _____ Email _____

Survey must be to scale and marked with the following (where applicable): location of work, soil movement quantities, coverage calculations, distance from side and rear yards, exact dimensions of structures. **Some applications may require Engineering Review.**

Fence <input type="checkbox"/>	Height (attach cut sheet, no spikes, max height 5ft)	Pool on property? Yes <input type="checkbox"/>	(building permit req'd) or No <input type="checkbox"/>
Driveway: Repaving <input type="checkbox"/>	or Expansion <input type="checkbox"/>	AC Unit: New <input type="checkbox"/>	Replacement <input type="checkbox"/>
Generator: New <input type="checkbox"/>	Replacement <input type="checkbox"/>	New Pool <input type="checkbox"/>	Cabana <input type="checkbox"/>
Deck <input type="checkbox"/>	Patio <input type="checkbox"/>	Outdoor kitchen <input type="checkbox"/>	Pergola <input type="checkbox"/>
Fire Pit <input type="checkbox"/>	Other (describe below) <input type="checkbox"/>	New Construction <input type="checkbox"/>	Addition <input type="checkbox"/>
Retaining Wall <input type="checkbox"/>	Maximum Height _____	Shed <input type="checkbox"/>	(requirements listed below) Sign <input type="checkbox"/>

DESCRIPTION OF OTHER WORK AND/OR ADDITIONAL NOTES: _____

- Retaining wall over 2ft height and less than 4 ft height, Zoning permit and Engineering review required.
- Retaining wall 4 ft or greater in height, Zoning permit and Building permit, Engineering review required.
 - Sheds 200 sq ft and 10 ft or less in height, Zoning permit only. Must attach anchoring and pad detail from manufacturer. Greater than 200 sq ft and/or greater than 10 ft height, Zoning permit and Building permit required.

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: _____

Are you submitting this application to start the process of request for variance before the Zoning Board of Adjustment? Yes No

ALL APPLICATIONS MUST BE SIGNED:

X	X
Signature: Contractor <input type="checkbox"/> or Property Owner <input type="checkbox"/>	Print Name

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 DATE _____ DENIED DATE _____

IF THIS BOX IS CHECKED IT HAS BEEN DETERMINED THIS ZONING PERMIT NEEDS INSPECTION
CALL(201) 891-4000, ext. 1212 TO SCHEDULE THE INSPECTION WHEN WORK IS COMPLETED.

Comments on Decision or Conditions of Approval:

Signed _____
Diane Lillenthal, Zoning Official