

The Township of Byram 10 Mansfield Drive Stanhope, New Jersey 07874

973-347-2500

www.byramtwp.org

Zoning Permit Application

Please attach a plot plan or survey map drawn to scale with all dimensions and locations of structures. Include any proposed and existing structures (i.e., additions, sheds, pools, etc.,), paved areas, septic, well, signs, etc. Be sure to show their dimensions and distances from all property lines and roads. Please be advised that there is a \$50 review fee for every zoning permit application. The application will not be accepted if any of the above or following requirements are not met.

Name of Owne	r:				
Address of Ow	ner:				
Telephone Nun	mber:()	Email Addres	s:		
Street address of	of premises for	which application is being	made:		
BLOCK	LOT	ZONE			
What is the pre-	sent use of prin	cipal building?			
Please list any	existing accesso	ory structures:			
Please describe	purpose of zon	ing application:			
Please provide dimensions of proposed actions. Length: Width: Height:					
Please provide distances to both side property lot lines, and the rear lot line					
Is the proposed	addition/struct	ure within five (5) feet of	any septic component	? Yes or No?	
Is the proposed	addition/struct	ure within ten (10) feet of	any part of the princip	ole structure?	
State whether the	he premises or j	property has been the subj	ect of any prior applic	cation to the land use board	
or planning boa	ard. If so, please	e state the nature of applica	ntion, the date, and the	e action of the Board	
attached plot p separate appli representation	plan or survey ication. I certi as made on att	map. I understand that ify that the answers to	his is not a building the above questions tion are true and co	cribed above and on the permit, which requires a s and any statements or implete to the best of my perty owner.	
Signature of Property Owner			Date		
Variance granted on			Application #		
Zoning Permit Issued by			Date		