

Date: \_\_\_\_\_

ZPA# \_\_\_\_\_

**TOWNSHIP OF MONTCLAIR  
ZONING PERMIT APPLICATION**

**Permit Fee: \$50**

(Check or money order payable to Township of Montclair)

- Zoning Permits are required for signs, fences, sheds, driveways and parking areas, and temporary uses and structures.
- This Zoning Permit Application should be submitted to the Planning Department. Please provide a correctly scaled copy of a property survey with the application and show the proposed work drawn to scale including setbacks, height, dimensions, etc.
- All zoning permits expire within 1 year of issuance.

**Property Information:**

Address of Work: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

**See Zoning Ordinance Chapter 347 available online at [www.montclairnjusa.org](http://www.montclairnjusa.org) and click "Find an Ordinance" on the left side margin of the homepage.**

**Applicant Information:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Owner Information:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Proposed Work:** Detail of proposed work. Include length, width, and height for proposed improvement: \_\_\_\_\_

*I (we) hereby declare and represent to the Township of Montclair that the statements made by me (us) in this application are true and are made for the purpose of the Zoning Official to issue a Zoning Permit.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Special Conditions:** \_\_\_\_\_

**Amount Received:** \$ \_\_\_\_\_ **Check:** \_\_\_\_\_ **Money Order:** \_\_\_\_\_