

**NOTE:** In addition to complying with the Borough's Zoning Regulations, all constructed alterations/additions must comply with 19-10 (Flood Damage Prevention) of the Point Pleasant Beach Development Regulations ordinance.

<b>Work Site Location</b>							<b>Block/Lot</b>	<b>Dimensions/Area</b>				<b>% of lot coverage</b>
Zoning District ( <i>Please Circle One</i> )	LR	SF5	HR	RR1	RR2	RR3	GC	HC	RC	MC	LC	

Current Use:  Single Family Residence  Commercial; Real Estate; Professional Office; Marine Service  
 Two Family Residence  Restaurant  
 Multiple Dwelling/Rooming: Number of Units: \_\_\_\_\_  Mixed Use Dwelling Units \_\_\_\_\_ Commercial Units \_\_\_\_\_  
 Hotel/Motel Number of Dwelling Units/Efficiencies # \_\_\_\_\_ Rooms # \_\_\_\_\_  Other \_\_\_\_\_

**PROVIDE A DESCRIPTION OF WORK** (*Attach a plot plan/survey and sketch showing dimension of proposed work.*)  
**(SURVEY MUST BE TO SCALE - NO EXCEPTIONS)** No Change of Use:

• **Year Built** \_\_\_\_\_  
 • **Is this survey reflective of what is currently on the property?**      *yes* \_\_\_\_\_      *No* \_\_\_\_\_  
**Has this property ever applied for/been granted/denied a variance?** *Yes* # \_\_\_\_\_      *No* \_\_\_\_\_

**APPLICANT CERTIFICATION**  Property Owner     Authorized Agent     Contractor      
**I hereby certify that the above statements and that the information submitted with this application are true.**

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*Name* \_\_\_\_\_ *Mailing Address* \_\_\_\_\_

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*City/State/Zip* \_\_\_\_\_ *Phone # (    )* \_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**\*ZONING APPLICATION MUST HAVE ACCEPTANCE SIGNATURE AND DATE TO BE VALID\***  
**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVED** (*Date*)  
 (Subject to issuance of construction permits)

**DENIED**  
 (Date)

*ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL*

**ZONING OFFICE REVIEW:**

Block/Lot	Zoning District	Existing Use Permitted	Proposed Use Permitted	Use Variance Required	Site Plan Review Required	Bulk Variance Required

**Reason for Referral:**

Date \_\_\_\_\_  
 Appeal must be made within 20 days from date hereof.

\_\_\_\_\_  
 Michael Gardner, Construction Official