ZONING PERMIT-NONRESIDENTIAL (\$100 fee)

Borough of Rockaway

MUNICIPAL BUILDING • 1 EAST MAIN STREET • ROCKAWAY, NEW JERSEY 07866

Tel (973) 627-2000 Fax (973) 627-8294

A copy of a plot plan or survey map of the premises showing the location proposed structure or addition must be submitted along with this application

OWNER'S NAME:		,	
PROPERTY ADDRESS:			
	PHONE (day): (evening):		
BLOCK:	LOT:	ZONE:	
1. describe what the property is		ed for:	
2. describe what this applicatio			
		unning Board or Zoning Board of Adjustment approvals	7
•	yes	\ no \ unknown (circle one)	
I hereby make application for a I understand that this is not a b in this application is true and co	uilding permit which	the changes described above and on the attached plot pla h requires a separate application. I certify that the inform of my knowledge.	n or survey map.
date	<u></u>	signature of owner	
		·	
	د هم ده و هم چه پاید که او داده در دم احد امه سه مده ادر در او در است. در این در	FOR OFFICE USE ONLY	रूपों तंत्र तेत्रों के क्षेत्र के
approved: yes \ no			
reason for denial/comments:			SAAAA AAAA
date		Zoning Officer	