

# Township of West Caldwell

## APPLICATION FOR ZONING PERMIT

Site address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

West Caldwell, NJ 07006

Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Purpose of application (attach any supporting documents such as survey or plans):

Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) Owner ( ) Contractor

ZONING PERMIT (OFFICE USE ONLY)		
Date application received _____		
Approved by _____	Denied by _____	
Date of approval or denial _____		
Permit number _____	Date issued _____	
Permit fee _____	Cash _____	Check number _____
Conditions of approval/reason for denial _____		
_____		
_____		
_____		

**Please contact this office upon completion of project**