



Township of
Monroe
Bloomer County, New Jersey

856-728-9800 ext 270 or 237

Rosemary Flaherty
Zoning Officer
rflaherty@monroetownshipnj.org

Check, Money Order, or Exact Cash payable to Monroe Township Zoning
Residential Fee \$20 Commercial Fee \$75

Judith DelConte
Secretary Assistant
jdelconte@monroetownshipnj.org

TOWNSHIP OF MONROE ZONING PERMIT APPLICATION

A Zoning Permit must be obtained prior to the erection, restoration, addition to, or alteration of **any** structure within the Township of Monroe, **prior to the issuance of a building permit.**

A copy of the original survey of the entire property must be provided and must show all existing structures and all proposed structures, including setback distances, and all property lines and easements, must be submitted with this application.

Block: _____ Lot: _____ Address: _____

Property Owner Name: _____

Address: _____

Phone #: _____ Email _____

Contact Name: _____ Address: _____

Phone #: _____ Email _____

- I wish to build a:
- | | | | |
|--|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Deck | <input type="checkbox"/> New House | <input type="checkbox"/> Addition | <input type="checkbox"/> Garage or Carport |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Porch | <input type="checkbox"/> Generator | <input type="checkbox"/> Solar Roof Mounts |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Fence | <input type="checkbox"/> Ground Mount Solar |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Garage | <input type="checkbox"/> Carport | <input type="checkbox"/> Above Ground Pool |
| <input type="checkbox"/> Change in Business use or Occupancy | | | <input type="checkbox"/> In- Ground Pool |

Dimensions _____

Other-explain: _____

Certification in Lieu of Oath

I hereby certify that I am the agent (agent of) owner of record and am authorized to make the application. I further understand that it is the owner's responsibility to verify with the state that no wetlands and/or flood hazard areas or conservation easements are being disturbed by the proposed activity/activities. The owner is also responsible for any repairs that may result from patio/deck/pool installations/enlargements that encroach upon any easement.

Print Owner Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY:

Date Received: _____ **Zoning Control #** **Zone:**

Paid Amount: Cash: _____ Check #: _____ Received by: _____ Date: _____

Zoning Officer _____ **Date** _____