CITY OF PERTH AMBOY

Helmin J. Caba, Mayor

DEPARTMENT OF CODE ENFORCMENT

Irving Lozada, Director

REQUEST FOR ZONING INFORMATION

Fee $25.00

Date: _____ Control #:_____

Block: _____ Lot(s):_____

Address: _____

Owner's Name: _____

Owner's Address: _____

Applicant's Name: _____

Applicant's Address:_____

Phone: _____ Fax:_____

The following zoning information for the above reference property is requested:

[ ] Zone designation
[ ] Permitted principal uses in this zone
[ ] Permitted accessory uses in this zone
[ ] As built request Letter
[ ] Other (specify):_____
[ ] Bulk schedule information
[ ] Variance application
[ ] Permitted continued occupancy of this property

Applicant's Signature: _____ Date: _____

COPIES OF EXISTING FILES CAN ONLY BE OBTAINED THROUGH A WRITTEN OPRA REQUEST.

OFFICIAL USE ONLY

ZONING DETERMINIATIONS:_____

_____

_____

_____

The zoning determination(s) supplied in response to this application is/are deemed to be accurate and correct. These findings are based on the review of all existing files, records, zoning maps and ordinances.

_____ Date: _____

Zoning Officer/ Asst. Zoning Officer

375 New Brunswick Avenue – Perth Amboy, NJ 08861
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