BOROUGH OF RUMSON
80 East River Road
Rumson, NJ 07760
732-842-5267

ZONING PERMIT

Date: ______________ Fee $ ______ Check # _______

TYPE OF APPLICATION

☐ New dwelling –commercial or residential
☐ Residential addition
☐ Accessory building/structure
☐ Commercial addition
☐ Commercial interior
☐ Sign
☐ Driveway/Walkway/Patio
☐ Porch
☐ Commencement or change of use of a property/structure
☐ Dec
☐ Accessory building/structure
☐ Commercial interior
☐ Porch
☐ Other

ALL RESIDENTIAL APPLICATIONS $50
ALL COMMERCIAL APPLICATIONS $100

With this application you are required to submit one (1) copy of a current survey/plot plan/site plan and one (1) set of architectural plans. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor (signed/sealed). Architectural plans must show Zoning data existing and proposed setbacks (Schedule 5-1), Building Height (Schedule 5-2), Lot Coverage and Building Coverage (Schedule 5-4) and Floor Area (Schedule 5-3). Checks shall be made payable to: Borough of Rumson.

ALL FLOOD ZONE APPLICATIONS MUST BE ACCOMPANIED BE AN ELEVATION CERTIFICATE

** Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater.
*** Air Conditioner Units: Please indicate proposed location & provide specifications which show the height.
Generators: Please indicate proposed location & provide specifications which show that the unit has a Critical Muffler & Sound Attenuation Enclosure. These must be screened from neighboring properties and the street.

(Please Print Clearly)

1. Location of property for which Zoning Permit is desired:
   Street Address: ____________________________ Block: ________ Lot: ________ Zone: ________

2. Applicant’s Name: ____________________________ Tel. No. ______________ Fax No. ______________
   Applicant’s Address: ________________________________________________________________

3. Property Owner’s Name: ____________________________ Tel. No. ______________ Fax No. ______________
   Property Owner’s Address: __________________________________________________________

4. Description of Work: ______________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. Has the above premises been the subject of any prior application to the Planning Board/ Zoning Board of Adjustment?
   Yes ____ No ____ If yes, state date:_______

   Board: __________________________ Resolution # (if any): __________
   (Submit a copy of the Resolution)

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All Zoning Permits will be granted or denied within ten (10) business days from the date of complete application.

Signature of Applicant __________________________ Date ______________

Print Applicant’s Name __________________________

Signature of Owner (if different than applicant) __________________________ Date ______________

Print Owner’s Name (if different than applicant) __________________________

FOR OFFICE USE

Fee date: _______ Check#: _______ Cash: _______

Approved _______ Denied _______

COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Appeals of the Zoning Office’s determination must be filed within 20 days of the date of issuance to the Planning/Zoning Board as provided by the New Jersey Municipal Land Use Law. This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions. The Board reserves the right to deem additional information and/or variances required. Approved zoning permits are valid for one (1) year, and may be extended by action of the Zoning Board.

Frederick J. André, Zoning Officer __________________________ Date ______________