

**ZONING PERMIT APPLICATION  
BOROUGH OF LODI  
ONE MEMORIAL DRIVE  
LODI, NEW JERSEY 07644  
973-859-7465**

**NOTE: THIS IS NOT A BUILDING, FIRE OR HEALTH PERMIT (PERMITS MAY BE NEEDED AFTER APPROVAL HAS BEEN GRANTED BY THE ZONING OFFICIAL).**

BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_ ZONE \_\_\_\_\_

PROPERTY LOCATION/WORK SITE \_\_\_\_\_ DATE REC' \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ DATE DENIED: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

NAME OF APPLICANT, CONTRACTOR OR PERSON RESPONSIBLE FOR WORK: IF OTHER THAN OWNER: \_\_\_\_\_

ADDRESS OF APPLICANT-IF OTHER THAN OWNER: \_\_\_\_\_

PHONE # \_\_\_\_\_

**AUTHORIZATION: ANYONE OTHER THAN THE ABOVE OWNER IS MAKING THIS APPLICATION, THE FOLLOWING (AUTHORIZATION MUST BE EXECUTED)**

**TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE BOROUGH OF LODI**

NAME OF DESIGNEE \_\_\_\_\_

**IS HEREBY AUTHORIZED TO MAKE THE WRITTEN APPLICATION**

DATE: \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_

Pg#1

<input type="checkbox"/> ZONING APPROVAL GRANTED
<input type="checkbox"/> ZONING APPROVAL DENIED
BY: _____
DATE: _____

---

**TYPE OF APPLICATION**

RESIDENTIAL ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_

NEW \_\_\_\_\_ SHED \_\_\_\_\_ DECK \_\_\_\_\_ POOL \_\_\_\_\_

FENCE \_\_\_\_\_ OTHER \_\_\_\_\_

COMMERCIAL NEW \_\_\_\_\_ ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_

SIGN \_\_\_\_\_ ACCESSORY \_\_\_\_\_

CONSTRUCTION \_\_\_\_\_

OTHER \_\_\_\_\_

TEMPORARY EVENT \_\_\_\_\_

DATE CALLED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

NOTES: \_\_\_\_\_

---

**DESCRIBE PROPOSED WORK AND/OR  
USE:** \_\_\_\_\_

---

***PLEASE FILL IN INFORMATION THAT IS APPROPRIATE FOR RESIDENTIAL  
OR COMMERCIAL STRUCTURES:***

**Describe in detail the previous/existing use of the property including any building on the grounds, or if the Premises are vacant. The most recent use of the property and the date this use was discontinued.** \_\_\_\_\_

---

**Describe in detail the activity or activities to be constructed on the premises, in the principal structure, accessory structure or on the grounds.** \_\_\_\_\_

- A. Days and hours of operation: \_\_\_\_\_  
B. Days and hours open to the public: \_\_\_\_\_  
C. Traffic concerns pertaining to your Application: \_\_\_\_\_

1. Days and hours of any deliveries (truck, cars, or vans) \_\_\_\_\_
2. Vehicles to be parked on site overnight (trucks, cars, or vans) \_\_\_\_\_
3. A survey is required indicating all current structures on the site. When a photo copy of a survey is submitted, it must be an exact copy (not enlarged or it will be refused). It must be accurate to the scale matching the application or it will be deemed incomplete and returned to you.
4. If a new construction is proposed, the location, dimensions and All other setbacks from property lines must be shown.
5. If this site has had any Planning or Zoning Board approvals in the past , please attach copy of any resolutions.

**You must fill in all information that is appropriate to your application. Failure to complete will delay the review process.**

---

Applicant Signature Required	Date
PERMIT APPROVED/DENIED	Date:
REASON/CONDITIONS/REMARKS: _____	

---