



Borough of Ocean Gate

801 Ocean Gate Ave, CN100 – Ocean Gate, NJ 08740

(732) 269 – 3166 x129 ogcode@oceangatenjgov.com

ZONING PERMIT

submit with copy of plot plan or survey marked depicting proposal

Date: _____

ZONING PERMIT # _____

Block: _____ Lot: _____

Zoning Fee Paid: () \$25 () \$35 () \$50 () \$100 Check #: _____

Zone: _____

Existing Use: _____ Proposed Use: _____

Site Address: _____

Name of Owner: _____ EMAIL: _____ Phone: _____

Description: _____

APPLICANT SIGNATURE DATE

Which is a: OFFICE USE

- () USE PERMITTED BY ORDINANCE.
- () STRUCTURE PERMITTED BY ORDINANCE.
- () USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS
- () VALID NONCONFORMING USE AS ESTABLISHED BY:
 - () FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR
 - () BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED
- () VALID NONCONFORMING EXISTING STRUCTURE:
 - () FRONT YARD () REAR YARD () SIDE YARD () SIDE YARD COMBINED
 - () OTHER (SPECIFY) _____

() Other: _____

Tree Removal: _____

Curb # _____

Flood Permit: () Substantial Damage Improvement () Not Substantial Damage Improvement	
Site Improvements: _____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Flood Plain Manager	

Special Conditions:

- () AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL
- () ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: _____

- () APPROVED () FINAL ZONING APPROVAL
- () DENIED (see attached)

ZONING OFFICER DATE