

Borough of Ocean Gate 801 Ocean Gate Ave, CN100 – Ocean Gate, NJ 08740 (732) 269 – 3166 x129 <u>ogcode@oceangatenjgov.com</u>

ZONING PERMIT

submit with copy of plot plan or survey marked depicting proposal

Date:	ZONING PERMIT #	
Block: Lot: Zoni	ng 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 VARIA	NCE APPROVAL, SUBJECT TO ANY SPECIAL	CONDITIONS
() VALID NONCONFORMING EXISTING STRUG () FRONT YARD () REAR YARD () S () OTHER (SPECIFY)	IDE YARD () SIDE YARD COMBINED	LILU
() Other:	Flood Permit:() Substantial Dama Improvement	
Tree Removal:	Site Improvements;	
Curb #	Approved Denied Denied	
		Flood Plain Manager
Water: (Ord.706-25) fce ()\$1,000 -5/8" or ¾" (Sewer: (Ord.594-15) fce ()\$300)\$1,200 -1" ()\$1,500 plus costs-greater than	1"
Special Conditions: () AS BUILT SURVEY REQUIRED FOR FINAL ZO () ELEVATION CERTIFICATE REQUIRED FOR F		
OTHER:		
() APPROVED () DENIED (see attached)	() FINAL ZONING APPROVAL	
ZONING OFFICER	DATE	