

APPLICATION FOR BUILDING PERMIT

TOWN OF ROSELAND

DATE: _____ RESIDENTIAL _____ COMMERCIAL

OWNER'S NAME: _____ TELEPHONE _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PROPERTY LOCATION _____

CONTRACTOR'S NAME: _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT MUST SUBMIT A COPY OF THE SITE PLAN OF THE PROPOSED PROJECT

OUTSIDE DIMENSIONS _____ EST. COST _____

BRIEF DESCRIPTION OF ALTERATION: _____

SETBACK:	FRONT _____ FT	N S E W	REAR _____ FT	N S E W
	SIDE 1 _____ FT	N S E W	SIDE 2 _____ FT	N S E W

EVENTUAL USE OF FACILITY: _____

DESCRIBE VARIANCE REQUIRED: _____

SIGNATURE OF OWNER

DATE

-Office use only

APPROVAL IS GRANTED / DENIED THIS _____ DAY OF _____, 20____

UNDER THE FOLLOWING CONDITIONS: _____

APPLICATION FEE PAID: \$ _____

ROSELAND ZONING COMMISSIONER

RECEIPT NO.: _____