



Montague Township  
 277 Clove Road  
 Montague, NJ 07827  
 973-293-3366

Block: \_\_\_\_\_  
 Lot: \_\_\_\_\_  
 Qualifier: \_\_\_\_\_  
 Application Date: \_\_\_\_\_

# Zoning Permit Application

**Fee: \$50.00**

Worksite/Address: \_\_\_\_\_ Zone: \_\_\_\_\_  
 Montague Township, NJ

Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.) Explain the purpose &/or activity(s) for which you are applying for this permit: \_\_\_\_\_  
 \_\_\_\_\_

2.) Are any of the activities described above conducted as a non-conforming use:  
 YES  NO  If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_

3.) To your knowledge, has this property been the subject of any prior applications to the Land Use Board? YES  NO   
 If YES, please explain, including dates of approvals or denials: \_\_\_\_\_  
 \_\_\_\_\_

**4.) Attach (2) sets of a recent survey, showing size of lot, bounding streets, type & location of existing & proposed structures, & distances from structures to property lines.**

**Applicant's signature:** \_\_\_\_\_

**Application Fee must accompany the Application.**

Paid by: cash  check #

Collected by: \_\_\_\_\_ Date received: \_\_\_\_\_

	APPROVED <input type="text"/>	Official: _____
Date	DENIED <input type="text"/>	GEORGE HUTNICK

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_