

TOWN OF CLINTON INCORPORATED APRIL 5, 1865 43 Leigh St., P.O. Box 5194 Clinton, N.J. 08809-5194 (908) 735-8616 FAX (908) 735-8082

## APPLICATION FOR RESIDENTIAL ZONING PERMIT

Date of Application_		_ RIOCK	LOT	Zo	ne
Name:					
Address:					
Phone:				_	
Type of developmen	t: (Please Cir	cle)			
New Construction	Addition	Pool	Garage	Other	<del>-</del>
Description of Projec	ct:				
Lot Data Table:					
Property setback fo			_		
	Exis	iting	Pro	posed	Required
Front Yard					
Right Side Yard					
Left Side Yard					
Rear Yard					
Height					
Building Coverage (po	ercentage)				
(*area of principal buildi	• •	area expre	ssed as a perce	entage)	
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Please note that thi granted a building p				MIT. If a zon	ing permit is
Attach a Plot Plan o on the property and structures.	•		•		•
** \$2	25.00 Fee to	accompar	y Zoning Ap	plication***	
Signature of Owner	:	<del> </del>			
	FOR	R OFFICE	USE ONLY		
Date Received	Zoning Pern	nit Approv	vedZ	oning Permit De	enied
Signature of Zoning	Officer				Date