



Roseland Borough  
 300 Eagle Rock Avenue  
 Roseland NJ 07068  
 (973) 226-6565

Application Date \_\_\_\_\_  
 Application Number \_\_\_\_\_  
 Application Fee \_\_\_\_\_  
 Check No. \_\_\_\_\_

# Zoning Permit Application

Worksite Location: \_\_\_\_\_ Block \_\_\_\_\_  
 \_\_\_\_\_ Lot \_\_\_\_\_  
 \_\_\_\_\_ Qualifier \_\_\_\_\_  
 \_\_\_\_\_ Zone \_\_\_\_\_

Owner \_\_\_\_\_ Contractor \_\_\_\_\_  
 Owner Address \_\_\_\_\_ Contractor Address \_\_\_\_\_  
 \_\_\_\_\_  
 Owner Phone # \_\_\_\_\_ Contractor Phone # \_\_\_\_\_

**Certification in Lieu of Oath**  
 I hereby certify that I am the (agent of) owner of record  
 and am authorized to make this application.  
 \_\_\_\_\_

Date Received \_\_\_\_\_  
 Decision \_\_\_\_\_  
 Decision Date \_\_\_\_\_

## Description of Work

## Type of Work

- New Building
- Addition
- Rehabilitation (Alteration)
- Fence
- Porch or Deck
- Pool     Inground     Above Ground
- Sign    H: \_\_\_\_\_    W: \_\_\_\_\_    Sq Ft: \_\_\_\_\_
- Temporary Structure
- Demolition
- HVAC
- Shed
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

## Job Summary (Office Use Only)

Plan Review	Date	Initial
<input type="checkbox"/> No Plans Required	_____	_____
<input type="checkbox"/> All	_____	_____
<input type="checkbox"/> Survey	_____	_____
<input type="checkbox"/> Architectural	_____	_____
<input type="checkbox"/> Construction	_____	_____
<input type="checkbox"/> Other	_____	_____

### Joint Plan Review Required

- Elec.     Plumb.     Fire     Elevator

### Subcode Approval

- CO     CCO     CA

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_