

**BOROUGH OF MADISON
APPLICATION FOR ZONING PERMIT**

Block: _____ Lot: _____ Zone: _____

Date: _____ ZPA# _____

1. Name of Applicant or Authorized Agent: _____
Please Print

Phone: _____ Fax: _____ E-Mail Address _____

2. Applicant's Address: _____

3. Name of Lot Owner: _____

Phone: _____ Fax: _____ E-Mail Address: _____

4. Lot Owner's Address: _____

5. Address of Premises: _____

6. What type of Zoning Permit is being sought? Any Application for the permits below **requires a Survey** no older than 10 years. A "Certificate in Lieu of Oath" must be returned with each Application except when the survey is less than three months old.

Residential \$ 50.00
Received _____ Cash _____ Check# _____
 Deck Patio Driveway Fence Shed Pool/Hot Tub Air Conditioning Unit/Generator Dumpster Other

Residential \$ 150.00
Received _____ Cash _____ Check# _____
 Addition Detached Garage Other

Residential \$ 300.00
Received _____ Cash _____ Check# _____
 New Dwelling

Change of Tenancy/Change in Use \$50.00
Received _____ Cash _____ Check# _____

Permanent Sign Permit \$100.00
Temporary Sign Permit \$ 50.00
Received _____ Cash _____ Check# _____
 Temporary Permanent Sandwich Board

7. For Change in Tenancy/Change in Use – What are the premises presently being used for: _____

8. What is the Proposed Use: _____

9. Existing Days/Hours of Operation: _____ Proposed Days/Hours of Operation: _____

10. Number of Proposed Employees: _____ Existing Parking Spaces On-site: _____

11. Gross Floor Area to be Occupied: _____ Solid Waste Facilities available On-site: Y / N - Describe: _____

12. Will there be any Storage or Handling of Chemicals or Hazardous Substances? Y / N – Describe: _____

**I (we) hereby declare and represent to the Borough of Madison
that the statements made by me (us), in this application are true and are made for the purpose of inducing the Zoning Official
to issue a Zoning Permit.**

Approved by: _____ Date: _____

Signature of Applicant: _____ Date: _____
or Authorized Agent