



Serviced by the
TOWNSHIP OF MANTUA

ZONING OFFICER

401 MAIN STREET, MANTUA, NJ 08051
(856) 468-1323 FAX (856) 468-3671

ZONING PERMIT

****APPLICANT FILL OUT BELOW:**

Date of Application _____ Block _____ Lot _____

Owner _____

Site Address _____

Telephone Number _____

This is to certify that the above-described premises together with any building thereon, are to be used for or are used for:

Please describe work to be performed:

****ZONING OFFICER FILL OUT BELOW:**

Date of Permit _____ Zoning District _____

Which is a:

- (____) Use permitted by Ordinance
- (____) Use permitted by Variance – Approved on _____ subject to any special conditions attached to the grant thereof.
- (____) Valid non-conforming Use as established by the finding of the Municipal Land Use Board or (____) by the undersigned Zoning Officer on the basis of evidence supplied by the applicant specified on the reverse hereof. Also specified on the reverse hereof is a detailed statement of all aspects of the non-conforming use.
- (____) There is a non-conforming structure of the premises by reason of insufficient (____) set back (____) side yard (____) front yard (____) other (specify)

PLEASE NOTE: THIS PERMIT EXPIRES ONE YEAR FROM APPROVAL DATE

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ZONING PERMIT FEE \$10.00

FENCE PERMIT FEE \$45.00