



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)

NOTE: THIS APPROVAL IS GOOD FOR ONE YEAR FROM DATE OF ISSUE

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