



BOROUGH OF GLEN GARDNER
ZONING CLEARANCE APPLICATION

Name of Applicant: _____

Address of Applicant: _____

Applicant Contact Number: _____

Name and Address or Owner, if Different From That of Applicant: _____

Block: _____ Lot: _____

Street Address of Premises for Zoning Permit: _____

Dimensions of Principle Building: _____

Dimensions of Accessory Building(s): _____

Describe in detail the activity or activities to be conducted in the principle building and any accessory activities to be conducted in any of the accessory buildings: _____

To the applicant's knowledge, has the premises been the subject of any prior application to the Planning Board?
Yes _____ No _____ If yes, for what: _____

Date: _____ ATTEST: _____

Applicant Signature: _____

Name or Corporation or Association: _____