



Montague Township
277 Clove Road
Montague, NJ 07827
973-293-3366

Block: _____
Lot: _____
Qualifier: _____
Application Date: _____
Permit # : _____

Fee: \$30.00

Zoning Permit Application

Worksite/Address: _____ Zone: _____
Montague Township, NJ

Owner(s): _____

Mailing Address: _____

Email Address: _____ Phone: _____

1.) Explain the purpose &/or activity(s) for which you are applying for this permit: _____

2.) Are any of the activities described above conducted as a non-conforming use:
YES NO If YES, please explain: _____

3.) To your knowledge, has this property been the subject of any prior applications to the Land Use Board? YES NO

If YES, please explain, including dates of approvals or denials: _____

4.) Attach (2) sets of a recent survey, showing size of lot, bounding streets, type & location of existing & proposed structures, & distances from structures to property lines.

Applicant's signature: _____

Application Fee must accompany the Application.

Paid by: cash check #

Collected by: _____ Date received: _____

APPROVED <input type="text"/>	Official: _____
Date _____	DENIED <input type="text"/>