BOROUGH OF ALPINE
100 CHURCH STRET
ALPINE, NJ 07620-1095
TEL: 201-784-2900 X 22
FAX: 201-784-1407

ZONING REVIEW APPLICATION

ZONING REVIEW APPLICATIONS WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY THE FOLLOWING INFORMATION:

1. The application form must be completed with all required information.
2. If the application is not submitted by the property owner, the applicant must supply an owner's authorization letter.
3. Proof of ownership is required. Please supply copy of your tax bill or conformation of ownership from the Alpine Tax Office or bill of sale.
4. A copy of the property survey/site plan showing the existing conditions and all proposed work must be submitted at the time of the application. The survey/site plan must be legible, in scale, and indicate the surveyors name and date completed. Also required is a copy of plans for the project.
5. Any application for expansion of a structure must be accompanied by a proposed footprint of the expansion and elevations plans.
6. **Payment for each review - $ 150.00 Residential**
   $ 250.00 Commercial

EACH REVIEW / REVISION REQUIRES A NEW APPLICATION AND THE REQUIRED FEES.

PLEASE NOTE: AS OF 2001, BOROUGH ORDINANCE #427 REQUIRES THAT SURVEYS/SITE PLANS INCLUDE THE EXISTING AND PROPOSED BUILDING COVERAGE AND IMPROVED LOT COVERAGE.

THANK YOU,
ALDEN BLACKWELL,
ZONING OFFICER

To obtain a copy of the Borough of Alpine Zoning Code Book on line....www.generalcode.com
Click on the e code 360 library
Click on State of New Jersey
Click on Borough of Alpine

Rev. 4/28/15

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100 CHURCH STREET, ALPINE, NJ 07620
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APPLICATION FOR ZONING REVIEW

CONFIRMATION OF OWNERSHIP IS REQUIRED

Date of Application _____ Block #_____ Lot(s)_____

Name of Owner_____ Tel#_____

Site Location _____ P.O. Box#_____

Property Survey/Site Plan prepared by _____

dated_____ last revised _____

Name of Application (if different from owner)_____

State dimensions of principal building _____

State dimensions of all accessory buildings/structures _____

Describe in detail the activity or activities to be conducted _____

_____

State whether any of the activities described in #7 above are conducted as a nonconforming use (if so, state facts supporting this contention)_____

_____

Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge?_____

_____

Date:_____ Signature of Owner _____
Print Name_____

Date: _____ Signature of Applicant _____
Print Name_____

For Office Use: Permit # _____ Fee Paid $ _____Cash/Check _____
Date _____ Rec'd by _____

Based on the information submitted above your application is:

Approved _____ Denied _____

Zoning Officer Signature _____ Date_____

If approved you must obtain all necessary prior approvals and the required UCC Permits in order to proceed with this project.

Rev. 05/30/13