TOWNSHIP OF WALL ZONING PERMIT APPLICATION-NON-RESIDENTIAL PROPERTY CHECKLIST

Have you submitted all of the following? Your zoning permit will not be approved if any of the following items are incomplete:

L di	OMPLETE Application. With <u>ALL</u> applicable sections filled out including all imensions. <i>It is your responsibility to complete the entire application. Using the words, See Plans" to describe the proposed construction is not acceptable.</i>
2. A _]	pplicant's signature at bottom of application.
1 1	wo (2) copies of an <u>accurately scaled</u> survey/plot plan showing the following (not equired for interior fit out or outdoor display):
	a. All existing and proposed construction <u>DRAWN TO SCALE</u>
	b. Setback dimensions from property lines of all proposed construction (not required for rooftop equipment).
	c. Building and impervious coverage calculations (not required for signs, fences or rooftop equipment).
1 1	ne (1) complete set of construction drawings drawn to scale with all dimensions nown.
	you are submitting an application for development approved by the planning or oning board, you must submit:
	a. One copy of resolution compliance letter signed by the Board Secretary.
	b. Color rendering with color sample board for new buildings or additions only.
	c. Preconstruction meeting minutes from the Board Engineer.
	d. Date of preconstruction meeting with the Township Police Department.

Once your application has been reviewed we will contact the person listed as the applicant on the application via email if there are any problems or questions that arise.

Once the application has been approved, we will contact the person listed as the applicant on the application via telephone to pay for the application.

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TOWNSHIP OF WALL ZONING PERMIT APPLICATION- NON-RESIDENTIAL PROPERTY

	Phone Number: ()
ess & Zip Code:	
iil:	
icant's Name:	
ess & Zip Code:	
icant is: Owner ContractorTenant C	Other (describe)
iil:	
ress of Property:	Block: Lot:
District: Property Use:	
POSED CONSTRUCTION: (Check and construction of Transfer Parmit	
Addition: dimensions	ht
Addition: dimensions	
Accessory structure: dimensions	ht
type/description Fence: type	ht
Fence: type Ground mounted generator or AC Unit	
Roof mounted equipment: Generator,	ht distance from building
_	
height of payanet well	ht_
Freestanding sign:	
date of Transfer Permit	J41- 1-4
	hh depthht
type of lighting	times to be lit
street address dimensions	
Wall sign:	
date of Transfer Permit	*141
dimensions. length	widthprojectionht _
type of lighting	
type of lighting	
type of lighting	Police
type of lighting	Police
type of lighting	Police Engineer
type of lighting	Police Engineer
type of lighting	Police Engineer ht

Applicant certifies that all statements and information provided herein are true to the best of his knowledge, information and belief. Applicant certifies compliance with all pertinent municipal, county and state regulations and requirements with respect to the subject property.

Signature of Applicant: ______ Date: _____