



**TOWN OF CLINTON**  
 INCORPORATED APRIL 5, 1865  
 43 Leigh St., P.O. Box 5194  
 Clinton, N.J. 08809-5194  
 (908) 735-8616 FAX (908) 735-8082

**APPLICATION FOR RESIDENTIAL ZONING PERMIT**

Date of Application \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Type of development: (Please Circle)**

New Construction    Addition    Pool    Garage    Other \_\_\_\_\_

Description of Project: \_\_\_\_\_

**Lot Data Table:**

**Property setback for primary structures:**

	Existing	Proposed	Required
Front Yard			
Right Side Yard			
Left Side Yard			
Rear Yard			
Height			
Building Coverage (percentage)			

(\*area of principal building divided by lot area expressed as a percentage)

Please note that this is NOT A CONSTRUCTION PERMIT. If a zoning permit is granted a building permit may be required.

Attach a Plot Plan or Survey of the property, drawn to scale, Showing what exists now on the property and the proposed changes with all setbacks and size of proposed structures.

**\*\* \$25.00 Fee to accompany Zoning Application\*\*\***

Date: \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_

**FOR OFFICE USE ONLY**

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 Date Received \_\_\_\_\_ Zoning Permit Approved \_\_\_\_\_ Zoning Permit Denied \_\_\_\_\_

Signature of Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_