

FEE: \$100.00

DATE PAID _____

CHECK # _____ CASH _____

BOROUGH OF TINTON FALLS
556 TINTON AVE
TINTON FALLS NJ 07724
(732) 542-3400 EXT. 228
FAX: (732) 578-9003

PERMIT NO. _____

DATE ISSUED _____

ZONING PERMIT
FOR
COMMERCIAL USE

APPLICANT: _____ WORKSITE: _____

ADDRESS: _____ BLOCK: _____ LOT: _____

_____ ZONE: _____

TELEPHONE NO. _____

DESCRIBE USE (BE VERY SPECIFIC) FOR WHICH APPLICATION IS BEING MADE. INCLUDE THE NUMBER OF EMPLOYEES, PARKING REQUIREMENTS, NUMBER OF VEHICLES, HOURS OF OPERATION AND SQUARE FOOTAGE.

Use reverse side for additional space if needed.

I understand that in signing this application that my affirmation as to contents and attachments of such, is true, and any work done contrary is in violation and subject to the permit being revoked.

APPLICANT'S SIGNATURE _____

DATE DENIED: _____ REASON FOR DENIAL: _____

DATE APPROVED: _____ ZONING OFFICER: _____