



Township of Mansfield

Zoning Office

100 Port Murray Rd – Port Murray, NJ 07865
Phone (908) 455-2957 Fax (908) 689-2840
zoning@mansfieldtownship-nj.gov

Zoning Permit Application

Permit Application Checklist

Your zoning permit will not be processed if it is not deemed complete.

Use this checklist as your guide:

- Fee payable by CASH or Check (\$40 for residential and \$60 for commercial)
- Property survey or plot plan

If you answer “yes” to any of the below questions, you must supply the requested documentation:

- Does this property have prior Planning Board Approval? If yes, supply a copy
- Is this property in a Historic Zone or on a Historic Register? If yes, provide approval from Historic Commission
- Does this property have an on-site septic system? If yes, provide a copy of the Warren County Health Dept approval
- If this is for a driveway, have you also completed a Driveway Permit Application and paid the necessary application and escrow fees?
- Is this property within 150 feet of Wetlands? If yes, provide a copy of Wetlands permit

I, _____, hereby make application for a Zoning Permit for the changes described above and on the attached survey map/plot plan. I certify that the survey map/plot plan accurately represents the current conditions of the above referenced property. I understand that before starting construction, a building permit may be required. Answers to the above questions and representations made on attachments to this application are true and complete, to the best of my knowledge.

Applicant signature

Date



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Zoning Permit Number

ZP - -

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Property Information

Property Block & Lot: _____ Zone: _____ Lot Size: _____

Property Street Address: _____

Property Owner Name: _____

Phone Number: _____ Email: _____

Street Address: _____

Applicant Information

Check box if Applicant information is the same as Property Owner Information

Name: _____ License #: _____

Phone Number: _____ Email: _____

Street Address: _____

Proposed Work

Describe in detail the proposed work, including length, width, height, & property setbacks.

FOR TOWNSHIP USE ONLY

Application Fee Paid: _____ Date: _____ Check # _____ Initials _____

Application is: **APPROVED** **DENIED**

Zoning Officer signature: _____ Date: _____