



**BOROUGH OF ATLANTIC HIGHLANDS
APPLICATION FOR DEVELOPMENT PERMIT**

Instructions: Submit this completed application, copy of property survey, (2) copies of related plans. Property survey cannot be reduced or enlarged or be taken by facsimile transmission. **\$30.00 NON REFUNDABLE FEE**

PROPERTY INFORMATION: **BLOCK** _____ **LOT(S)** _____ **ZONE** _____

PROPERTY ADDRESS: _____

Describe in detail the proposed development; include square footage, height, location, proposed use). If the application is for an addition, describe the purpose (ex: bedroom). If the application involves a change of use of the property, a separate narrative is suggested. **If the property contains slopes, a steep slope permit must be obtained prior to any development.**

Current use of property: _____

Is the property located on a corner lot or abut more than one street? Yes _____ No _____
If yes, name of street(s) _____

Does the property contain any easements or other restrictions? Yes _____ No _____

Is the property situated within 50' of the following: ponds, streams, brooks, marshes, rivers, creeks, etc, or other low lying areas; or is the property located within 500' of the mean high water line or any area regulated by the Department of Environmental Protection? Yes _____ No _____
(If you answered yes, you must contact the NJDEP at 609-292-0060 to obtain clearance, prior to submitting this permit. Violations of the Wetlands could result in fines imposed by the State of New Jersey.)

PROPERTY OWNER _____

Mailing Address _____

APPLICANT (If different than owner) _____

Mailing Address _____

PLEASE READ THE FOLLOWING: I hereby certify the (check one) ___ I am the owner of the subject property; or ___ I have permission from the property owner to submit this Application for Development. I certify, to the best of my knowledge all the information contained on this application is correct; and the survey provided is accurate and shows all structures located on the site. In addition, I grant permission to the Borough of Atlantic Highlands and their agents to come onto the subject property, for the purpose of conducting inspections, relating to this application.

DATE _____ **SIGNATURE** _____

*****This permit is issued for the purpose of property zoning only. Permit expires one year from the date of approval*****

_____ DEVELOPMENT PERMIT APPROVED – CONDITIONS _____

_____ DEVELOPMENT PERMIT DENIED _____

DATE _____ **ZONING OFFICER** _____