



Borough of Tenafly

100 Riveredge Road
Tenafly, NJ 07670
Phone: 201-568-6100

ZONING PERMIT APPLICATION

\$25.00 Application Fee Received by: _____ Application # _____
(See reverse side for application instructions)

Property Address: _____

Block: _____ Lot: _____ Zone: _____ Historic Property: [] YES [] NO

Applicant's Name: _____

Applicant's Address: _____

Daytime Phone: _____ Email: _____

Business Name (if any): _____

Property Owner's Name: _____

Owner's Address: _____

Daytime Phone: _____ Email: _____

I hereby request that the Zoning Officer officially communicate only with [] Owner [] Applicant [] Other
Named Person: _____ Owner's initials: _____

Daytime Phone: _____ Email: _____

Has there been a Planning Board [] or Zoning Board [] action related to this application: YES [] NO []

Type of action: _____ Date of resolution: _____

(Copy of resolution must be attached)

Describe in detail the proposed use, activity, and/or construction work to be conducted on the premises for all relevant structures, including the intended purpose. (Explanation may be continued on an attached page.)

Describe in detail the previous or existing use/activities conducted on the premises for all relevant structures. If the premises are currently vacant, provide the date vacancy began or use was discontinued:

I affirm that I have read and understand the instructions on both sides of this application:

Applicant's Signature _____ Date: _____

Owner's Signature _____ Date: _____

