

Borough of Mendham
2 West Main Street
Mendham, NJ 07945
973-543-7152 ext. 23
Email: zoning@mendhamnj.org

Zoning Permit Number: _____

ZONING COMPLIANCE REVIEW & PERMIT APPLICATION

PERMIT FEE - \$30.00

Date: _____ Block: _____ Lot: _____ Zone District: _____

Historic Overlay District: _____ Main Street Corridor: _____

Physical Location of Property for Permit: _____

Name of Applicant: _____ Phone #: _____

Applicant's Address: _____ Email: _____

Name & Address of Owner (if different from Applicant): _____

Phone #: _____

Describe the structure (including sheds, additions, A/C unit replacements, whole house generators, patios, etc...) to be constructed/installed on the property:

Has the property been the subject of any applications to the Planning or Zoning Board? Yes ___ No ___ If

Yes, describe the purpose and date of resolution: _____

Date _____ Applicant's Signature _____ Print Applicant's Name _____

FOR OFFICIAL USE ONLY

THIS IS TO CERTIFY that the above described premises, together with any buildings thereon, are used or proposed to be used for, or as: _____ which is a:

Use Permitted by Ordinance

Use Permitted by Variance Approved on: _____

Approved _____
Conditions of approval

Denied _____
Reason for denial

Date _____

Mendham Borough Zoning Officer