Zoning Permit Number: _____

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

ZONING COMPLIANCE REVIEW APPLICATION Joint Land Use Board Variance PERMIT FEE - \$30.00

Date:	Block:	Lot:	Zon	e District:
Historic Overlay District:	Main Street Cor	ridor:		
Physical Location of Property	for Permit:			
Name of Applicant:			Phone #:	
Applicant's Address:		Email:		
Name & Address of Owner (if	different from Applic	cant):		
			Phone #:	
Describe the variance request f	for the property:			
Has the property been the subj	ect of any application	s to the Joint Land U	Jse Board?	Yes No
If yes describe the purpose and	l date of resolution:			

Zohing District Thilary Structure Accessory Structure	Zoning District	Primary Structure	Accessory Structure
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	Per Code	Existing	Proposed
Setbacks			
Front Yard			
Rear Yard			
Side Yard			
Side Yard			
Lot Coverage			
Building Coverage			

Type Variance(s) Required

oning Code Section 1	Non-Compliance	
Date	Applicant's Signature	Print Applicant's Name
	FOR OFFICIA	AL USE ONLY
	ERTIFY that the above-described	premises, together with any buildings thereon, arewhich is a
[] Use Permitt	ed by Ordinance [] Use Permitte	ed by Variance Approved on:
[] Approved	Conditions of approval	
[] Denied	Reason for denial	
Date		