ZONING COMMENCEMENT OF USE APPLICATION

Township of Holmdel
4 Crawfords Corner Road
Holmdel, N.J. 07733
732-946-2820 Ext. 1301
Holmdeltownship-nj.com

APPLICANT:

Name: _____

Address: _____

Telephone: _____ **E-Mail:** _____

LOCATION OF PROPOSED USE:

Address: _____

Block: _____ **Lot(s):** _____ **Zone:** _____

OWNER INFORMATION (IF DIFFERENT FROM APPLICANT):

Name: _____

Address: _____

Telephone: _____ **E-Mail:** _____

DETAILED DESCRIPTION OF PRIOR USE AND PROPOSED USE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____

Holmdel Township Planning Board or Zoning Board of Adjustment prior approvals or applications:
Has this property, to your knowledge, ever been subject of any prior applications to the Holmdel Township Planning Board or Zoning Board of Adjustment? No _____ Yes _____
If yes, provide date(s): _____

Notes:
1) If applicant is proposing any new construction or alterations to the existing space as part of this application, a separate Zoning Permit Application must be submitted for the proposed work.

FOR OFFICE USE ONLY:

Date Received: _____ **Check #:** _____ **Amount: $** _____ **Or Cash: $** _____