



Borough of Island Heights

REQUEST FOR ZONING REVIEW

PROPERTY ADDRESS: _____

PHONE #: _____ **EMAIL:** _____

BLOCK: _____ **LOT:** _____

DESCRIPTION OF PROJECT: _____

DISTANCE FROM PROPERTY LINE (SETBACKS - IN FEET):

FRONT: _____ **REAR:** _____ **SIDES:** _____

DISTANCE BETWEEN STRUCTURES (IN FEET): _____

I understand that I am applying for and requesting a review from the Zoning Officer for the project described above. I agree to grant access to my property for all necessary inspections by the Zoning Officer and/or Construction Official. I understand that Zoning Approval does not relieve me from obtaining any required construction permits to complete my project. Prior to the start of my project, all required permits must be obtained from the Island Heights Construction Office. For your reference the Borough Zoning Code may be found on our website; www.islandheightsborough.gov

SUBMITTED BY: _____

(PRINT NAME)

SIGNATURE: _____ **DATE:** _____

(OFFICIAL USE BELOW THIS LINE)

PAYMENT RECEIVED (\$100.00): **CASH:** _____ **CHECK #:** _____

ZONING APPROVED: ()

ZONING NOT APPROVED: ()

REMARKS: _____

ZONING OFFICER SIGNATURE: _____ **DATE:** _____

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Fax: (732) 270-8586