



**CITY OF ELIZABETH
CONSTRUCTION BUREAU
ZONING REVIEW APPLICATION**

APPLICANT'S NAME: _____

ADDRESS (with ZIPCODE): _____

APPLICANT'S OR CONTACT'S TELEPHONE NUMBERS: _____

PROPERTY ADDRESS: _____

BETWEEN WHAT STREETS CROSS STREETS: _____

OWNER: _____

OWNER'S ADDRESS: _____

IS ANY ADDITION TO BE MADE TO THE PROPERTY (covering more ground or adding floor-space, as in an extension, a deck, a pool, or a patio)? NO ___ YES ___ (If "YES," a survey of the property must be provided to Construction Bureau with this application.)

WHAT IS THE PRESENT /LAST USE OF THE PROPERTY? _____
(For example, "two-family," or "pizza parlor," or "cemetary/mausoleum," or "private airport.")

WHEN DID THE LAST USE END (IF NOT NOW BEING USED)? _____

WHAT USE, CHANGE, OR ADDITION, IS NEEDED? (For example, "finished attic" or "change one- to two-family," or "demolish garage and replace underneath house," or "convert pizza parlor to beauty salon.")

OWNER'S SIGNATURE (OWNER'S CONSENT TO THIS APPLICATION)

DATE

APPLICANT'S SIGNATURE

DATE

RECEIVED IN CONSTRUCTION BUREAU BY: _____
(INITIALS)

DATE: _____