# Borough of Flemington Code Enforcement

# **Application for Construction Records Clearance**

Application Fee (check one		\$ 80.00 \$ 150.00	16 to 40 business days 6 to 15 business days 1 to 5 business days	
Seller Name:				
Mailing Address:				
City:		State:	Zip:	
Phone: ()				
Property Address:				
Block: Lot	Qualif	ication C	ode:	
Contact Person (if agent):			Phone:	
Address:				
[ ] Call to Pick-up –or- [ ] E	-mail Address			(check one)
I hereby certify that I am the (ag	ent) owner of record and a	m authorize	d to make this application.	
Signature	Por Control of the Co		Date	_
OFFICE USE ONLY				
Received Date	Check #	Cash		
Open Permits Yes or No	If Yes, permit #'s		/	/
All CO or CA issued Y or N		C	RC issue date:	<del></del>
		C	RC Certificate #	(attach conv)

#### **BOROUGH OF FLEMINGTON**

### **ZONING OFFICE**

38 PARK AVE FLEMINGTON, NJ 08822 (908) 782-8840

## **ZONING PERMIT APPLICATION**

BLOCK: LOT:	DATE:/
PROPERTY ADDRESS:	
OWNER IN FEE:	PHONE #: ()
EMAIL:	
ADDRESS:	
APPLICATION FOR: () NEW OR () EX	<del></del>
( ) FENCE: TYPE:	
( ) SHED: TYPE:	
() GENERATOR: TYPE/SIZE:	
() HVAC: TYPE:	
( ) DWELLING: ( ) NEW ( ) EXISTING	
( ) ADDITION: (STATE SIZE AND USE) _	
() GARAGE: SIZE:	
( ) DECK: (STATE SIZE)	
( ) PORCH: (STATE SIZE)	
( ) SIGNS: (STATE SIZE)	
( ) POOL:	
( ) ABOVE GROUND: (STATE SIZE)	
PLEASE PROVIDE THE FOLLOWING:	
	<b>REQUIRED</b> (INDICATE LOCATION OF PROPOSED WORK)
2. A DRAWING OF YOUR PROJECT (MUST BE TO	SCALE)
3. FRONT YARD SETBACK:	
4. SIDE YARD SETBACK:	
5. REAR YARD SETBACK:	
STONIATUDE.	
Owner/Agent	
OFFICIAL	USE ONLY
Fee: \$50.00 Fee Paid \$ Check	#: Cash: \$
Received By:	
Approval of Zoning Official	Date: / /