

ZONING PERMIT APPLICATION

Borough of Califon Zoning Office  
P.O. Box 368  
39 Academy St  
Califon, NJ 07830  
(908) 832-7850 ext. 300

This application must be completely filled out or it will be deemed incomplete and not reviewed by the Zoning Officer of the Borough of Califon. A fee of \$15.00 must accompany this application. Please make the check payable to Borough of Califon.

**\*\* A Survey must be submitted with this application showing the structure and/or the addition to be built on the property and any other buildings/structures/pools on this property.**

Please type or print clearly

1. Name of property owner: \_\_\_\_\_
2. Address of property where work shall commence: \_\_\_\_\_  
\_\_\_\_\_
3. Block: \_\_\_\_\_ Lot: \_\_\_\_\_
4. Daytime Phone Number: \_\_\_\_\_ Evening: \_\_\_\_\_
5. Description of proposed construction on site: \_\_\_\_\_  
\_\_\_\_\_
6. Use of the structure: \_\_\_\_\_
7. Height of the structure: \_\_\_\_\_
8. Does the lot have access to a public road? \_\_\_\_\_
9. Do the premises involve any historical structures? \_\_\_\_\_
10. Are there critical areas within the premises (e.g. Flood Plain)? \_\_\_\_ Yes \_\_\_\_ No

If yes, exactly how much land is deemed critical? \_\_\_\_\_ After critical areas  
have been deducted, are minimum lot size requirements met? \_\_\_\_ Yes \_\_\_\_ No

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Applicants Signature: \_\_\_\_\_

( ) Zoning Approval \_\_\_\_\_ Date: \_\_\_\_\_

( ) Zoning Denial \_\_\_\_\_ Date: \_\_\_\_\_

Denied for the following reasons: \_\_\_\_\_  
\_\_\_\_\_