



EAST WINDSOR TOWNSHIP

16 Lanning Boulevard
East Windsor, N.J. 08520-1999
609-443-4000
Fax 609-443-8303

ZONING PERMIT APPLICATION Zoning Ordinance 20-30.0902

CHANGE OF USE _____ CCO _____ CHANGE OF OWNER _____

LOCATION: _____
Street Address

BLOCK: _____ LOT: _____

OWNER OF RECORD: _____
Name

ADDRESS: _____ PH#() _____

TENANT: _____
Business Name

ADDRESS: _____ PH#() _____

CONTACT PERSON: _____

PRIOR USE: _____

PROPOSED USE: _____

I hereby certify the above information to be accurate to the best of my knowledge. I also understand that inspection are required by the Code Enforcement Department prior to obtaining a C.O. or C.C. O.

Signature _____ Date _____

Address _____ () _____
Phone

Name (Print) _____

PLANNING BRD APPROVAL REQ'D _____ ZONING BRD _____

OTHER _____

APPROVED _____
Date _____ Zoning Officer _____

NOT APPROVED