NICHOLAS PAPPAS ZONING OFFICER PHONE 201-664-1849 EXT. 21 WEDNESDAY EVENING 7-8PM OR BY APPOINTMENT FAX 201-664-3543

BOROUGH OF OLD TAPPAN ZONING PERMIT APPLICATION

Fee \$40.00 Ordinance No. 997-09; Section 100-3

Property Address:			
Block:	_ Lot:	Zoning D	istrict:
Applicant Name:			
Address:			
Phone:			
Property Owner Name):		
(If other than the appli-	cant)		
Address:			
Phone:			
Contractor Name:			
Phone:			
	of all improveme	ents you propose for	drawing showing the the property must be
Signature of Property Or Agent of Owner	Owner:		_ Date:
Received By:	Date:	Check #:	

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Zoning Data:

BULK SCHEDULE	EXISTING	PROPOSED
Lot Area (Sq. Ft.)		
Lot Width (Feet)		
Building Coverage %		
Building Height (Stories/Feet)		
Front Depth (Feet)		
Rear Depth (Feet)		
Side Yards (Feet) (One/Both)		

FAR Check List for New Building	and Additions.
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All Calculations are to include existing and proposed square footage including the garage.

LOT AREA
FIRST FLOOR AREA
SECONG FLOOR AREA
BASEMENT AREA AND CEILING HEIGHT
WALK UP ATTIC
TOTAL HABITABLE AREA
COVERED PORCHES (Sq. Ft.)
ACCESSORY STRUCTURES (Sheds, Cabanas, Detached Garages)
DECKING & PATIO AREA
DRIVEWAY AREA (specify materials to be used)
SIDEWALK AREA (specify materials to be used)