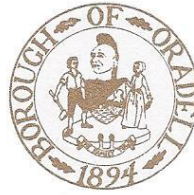


# ***BOROUGH OF ORADELL***

*355 Kinderkamack Road  
ORADELL, NEW JERSEY 07649*

**(201) 261-8005    Fax (201) 261-4142**



**STEPHEN A. DEPKEN**  
CONSTRUCTION OFFICIAL  
ZONING OFFICER  
PROPERTY MAINTENANCE  
OFFICER  
ZONING & PLANNING  
BOARD ADMINISTRATOR

## **ZONING PERMIT** **APPLICATION and INSTRUCTIONS**

### **INSTRUCTIONS**

- 1. Completely fill out, sign, and date the attached form. Include a check for \$60.00 payable to the Borough of Oradell. A rereview for minor changes is \$40.00.**

**Please follow these directions exactly, or your application will be returned to you. This will delay the reviewing process.**

- 2. Attach a recent or re certified copy of your survey or plot plan (not more than 5 years old) with the proposed construction drawn and highlighted on the survey. Make sure the scale is accurate (No enlarged or reduced copies).**
  - All surveys shall be 1:10 or 1:20 *only***
  - Draw in and highlight the construction that you are applying for.**
  - Label the dimensions of the structure.**
  - Label the distances from all structures ( new and old, to your front, sides and rear property lines).**
  - Label the square footage of the structure.**
  - Your survey must reflect what is on your property.**
  - Be sure your name, address, and correct Block and Lot number are on the survey.**
  - Depending on the slope of the land and or fresh water encroachment, a topographical map may be required also NJDEP approval will be required if you are within 150 feet of these waterways.**
- 3. Complete the attached worksheet with all calculations.**
- 4. The Zoning determination will be made within 10 days. Your building permit application cannot be accepted or processed until after Zoning has been approved. The Building Department has 20 business days to process a building permit that is deemed complete and has obtained all prior approvals.**
- 5. The Zoning Official is available to discuss applications, but cannot calculate percentages for you. To schedule an appointment, please call 201-261-8005**
- 6. For further detailed information, see Borough of Oradell Codes, General legislation, Chapter 240, Article VII**

## **APPLICATION FOR ZONING PERMIT**

Application Fee: \$60.00 ----- Rereview Fee \$40.00

Check # \_\_\_\_\_ Cash \_\_\_\_\_ (Exact Amount) Received by \_\_\_\_\_

Date Submitted \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Telephone: \_\_\_\_\_

Zone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Address of owner

If different from above: \_\_\_\_\_

\_\_\_\_\_

### **TYPE OF APPLICATION**

Check	Project	Length x Width x Height	Circle Appropriate
	<b>NEW ONE FAMILY DWELLING</b>		
	<b>NEW TWO FAMILY DWELLING</b>		
	<b>CONVERSION</b>		
	<b>ADDITION</b>		
	<b>GARAGE</b>		<b>Attached or Detached</b>
	<b>DECK</b>		<b>New – Replacement – Expansion</b>
	<b>PATIO</b>		<b>New – Replacement – Expansion</b>
	<b>SHED</b>		<b>New – Replacement – Expansion</b>
	<b>RETAINING WALL</b>		<b>New – Replacement – Expansion</b>
	<b>FENCE</b>		<b>New – Replacement – Expansion</b>
	<b>FENCE (Pool)</b>		<b>New – Replacement – Expansion</b>
	<b>DRIVEWAY</b>		<b>New – Replacement – Expansion</b>
	<b>SWIMMING POOL</b>		<b>Above ground or In ground</b>
	<b>HOT TUB etc..</b>		
	<b>OTHER ( specify)</b>		

State in detail the request for the application:  
(Plans must be submitted with this application)

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## **SITE INFORMATION:**

### **ALL OF THE FOLLOWING INFORMATION IS NEEDED IN ORDER TO REVIEW YOUR APPLICATION**

**1.Type of dwelling:** 1 Family ☐ 2 Family ☐ Business ☐ Other ☐ \_\_\_\_\_

**2.Height of existing structure** \_\_\_\_\_

**3.Height of proposed structure** \_\_\_\_\_

**4.Is this a corner lot?** Yes ☐ No ☐

**5.How many Borough trees are being affected by this project:** \_\_\_\_\_

**6.Has there been any expansion of your home or garage i.e. sheds, decks, pools, patios, retaining wall, etc. without zoning approval and or building permits?** Yes ☐ No ☐

**7.Number of Bedrooms**      Total prior to proposed construction \_\_\_\_\_  
Total after proposed construction \_\_\_\_\_

**8.Has there ever been a variance granted on this property before**      Yes ☐      No ☐  
(If yes, please explain and attach a copy of the resolution)

**9.Are there any deed restrictions or covenants affecting this application?** Yes ☐      No ☐  
(If yes, attach a copy of the Deed)

**10.Does your property require or have flood insurance?**      Yes ☐      No ☐

**11.Is there a stream, river or wetlands located on or near your property?**      Yes ☐      No ☐

**I, being of full age, hereby swear or affirm, that all of the information I have provided in the above application, and the attached survey and/or plans are true and correct to the best of my knowledge. Please be advised any incorrect or falsified information will render this approval void and any approvals based on it.**

**By signing this, you are also giving us permission to visit your property, to view your survey and verify existing conditions**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **ZONING REVIEW** **WORKSHEET**

<u><b>AREAS OF CONCERN</b></u>	<u><b>REQUIRED</b></u>	<u><b>EXISTING</b></u>	<u><b>PROPOSED</b></u>
ZONE	<b>X</b>		<b>X</b>
LOT SIZE			<b>X</b>
FRONTAGE			<b>X</b>
DEPTH			<b>X</b>
FRONT YARD SET BACK			
SIDE YARD SET BACK			
TOTAL SIDE YARD SET BACK			
REAR YARD SET BACK	25FT OR 25% OF DEPTH		
HEIGHT OF STRUCTURE			
BUILDING COVERAGE			
LOT COVERAGE			
FLOOR AREA RATIO			
SIZE OF MAIN STRUCTURE			
HEIGHT OF MAIN STRUCTURE	_____ (MAX 32 FT)		
SIZE OF GARAGE	_____ (MAX 600 SQ FT)		
HEIGHT OF GARAGE	_____ (MAX 15 FT)		
# OF GARAGES	_____ (MAX. 3)		
# OF ACCESSORY STRUCTURES	_____(MAX 2/ ONLY 1 SHED)		

**PASSED:** ☐

**FAILED:** ☐

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer