

BOROUGH OF WATCHUNG

CAROLYN TAYLOR, ZONING OFFICIAL



ZONING APPLICATION FOR TEMPORARY STRUCTURE

NAME: _____ DATE: _____

ADDRESS: _____ BLOCK/LOT _____

TELEPHONE: _____

Please submit survey showing structure placement with dimensions.

Type of structure: _____

For the purpose of: _____

Dimensions: _____

Date Range: _____ to _____

Approved _____ Denied _____

Comments: _____

Paid _____ (\$35.00 fee) Ck.# _____ Cash _____ Date: _____

Carolyn Taylor _____ Zoning Official

Date: _____