

# TOWNSHIP OF LIVINGSTON

## RESIDENTIAL ZONING APPLICATION

*Permit Fee: \$75- Sheds & Fences  
\$120- New Homes, Additions, Pools, Sports/Tennis Courts, Decks,  
Retaining Walls, Raised Patios, etc. (see below)  
(Cash or check payable to Township of Livingston)*

*Applicant must provide a sealed survey of the property certified to the current homeowners.  
Make a copy of the sealed survey and show the proposed work drawn to scale  
including setbacks, height, and dimensions.*

Address of Work: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Construction Control #: \_\_\_\_\_ Zoning Control #: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

See Land Use Ordinance Chapter 170-1 through 170-142 available online at [www.livingstonnj.org](http://www.livingstonnj.org). On home page under "About Us" click on Land Use Code and scroll to Chapter 170.

### **Applicant Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State, Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **Property Owner Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **Proposed Work:** (Check one)

Addition \_\_\_ Shed \_\_\_ Fence \_\_\_ Pool \_\_\_ Deck \_\_\_ Patio \_\_\_ New Structure \_\_\_ Gazebo \_\_\_  
Sports / Tennis Courts \_\_\_ Garage \_\_\_ Portico \_\_\_ Hot Tub \_\_\_ Pool House \_\_\_ Enclosed Porch \_\_\_  
Other: \_\_\_\_\_

Detail of proposed work. Include length, width, and height for proposed improvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, has an application been submitted for this property in the past to either the Zoning or Planning Boards?

Yes \_\_\_ No \_\_\_ If so, which Board? \_\_\_\_\_ Date \_\_\_\_\_

Resolution Granted? Yes \_\_\_ No \_\_\_ Please attach copy of Resolution if available.

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I certify that the answers to the above-referenced questions and any statements made on the survey map, plot plan and seating and parking plans are true and complete to the best of my knowledge. I understand that this permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Engineering Permits, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

*Any incorrect or falsified information will render this application void and any approvals based on it. Any changes to this approval or plans must be resubmitted for review prior to the installation.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Sheds must comply with Township of Livingston Land Use Ordinance Section 170-87E and fences must comply with Section 170-91. Please call Mary Ann Apostolico at 973-992-5000 ext. 5209 for a site inspection when the shed or fence is complete.*

***\*\*All permits for sheds and fences expire within one year of issuance if work is not completed.\*\****

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Reason:**

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**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Special Conditions:**

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**Amount Received:** \$ \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Tom Potere**  
*Zoning Review Officer*

\_\_\_\_\_  
**Martin Chiarolanio**  
*Zoning Officer*