

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURY.PARK.COM



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MICHAEL N. CAPABIANCO, CITY MANAGER
CINDY A. DYE, RMC, CITY CLERK

Zoning Control # _____

Fence Permit Application

Received: _____

***PROPERTY SURVEY IS REQUIRED**

Subject Site Address: _____ Asbury Park, NJ 07712

Block: _____ Lot: _____ Zone: _____

Applicant Name: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Property Owner Name (If different): _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Applicant's Affiliation to Property Owner (check one): Same _____ Agent _____ Contract Purchaser _____ Tenant _____

Existing Use of Structure/Site: _____ Proposed Use: _____

Describe proposed construction, alteration or renovation project. Provide exact dimensions and materials (use back of this form if necessary) Attach property survey to application and plot out the fence on the survey:

NOTE: THIS IS NOT A CONSTRUCTION PERMIT. A CONSTRUCTION PERMIT MAY BE REQUIRED. CONSTRUCTION WITHOUT A PERMIT FROM THE CONSTRUCTION CODE OFFICIAL COULD RESULT IN SUBSTANTIAL FINES. ADDITIONAL FEES MAY BE REQUIRED BY THE CONSTRUCTION DEPARTMENT.

I acknowledge that a Zoning Permit is issued based solely on the information presented to the Zoning officer on this application. I further acknowledge that the information is incomplete or misleading, the Zoning Permit may be revoked and I will be subject to possible penalties in accordance with the City of Asbury Park Land Development Ordinance.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

The fee for this permit is **\$10.00** by check or money order only.

Date paid: / /	Cash / Check / M.O.#	Received by:
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