

# NON-PERMIT ZONING COVERSHEET



**WORK SITE ADDRESS:** \_\_\_\_\_ Summit, NJ 07901

**WORK TYPE:** *(check all that apply)*

<input type="checkbox"/> Patio	<input type="checkbox"/> Play structure	<input type="checkbox"/> Shed (under 100 square feet)
<input type="checkbox"/> Other:		
Brief work description:		

**OWNER INFO:** *(please write clearly and complete all fields)*

First & Last Name	Address
City	State, Zip Code
Phone	Email

**CONTRACTOR/PROFESSIONAL INFO:** *(please write clearly and complete all fields)*

Company Name	Contact First & Last Name
Address	City, State, Zip Code
Phone	Email
Cell	

**APPLICATION COMPLETENESS CHECKLIST:**

- |   |  |
|---|--|
| <input type="checkbox"/> 2 Surveys – <b>TO SCALE</b> marked with proposed improvement | <input type="checkbox"/> Zoning Review Form    |
| <input type="checkbox"/> All form fields are complete                                 | <input type="checkbox"/> Application is signed |
| <input type="checkbox"/> All info provided is written clearly                         |  |

**STATEMENT OF UNDERSTANDING:**

I understand / agree to:

- Call (800) 272-1000 for utility mark outs **BEFORE** excavating
- Completed the Application Completeness Checklist above
- Perform work in accordance with the Revised General Ordinances and with the Development Regulations Ordinance of the City of Summit, and the specifications contained therein (failure to comply may result in a summons and/or fine)

**APPROVAL PICK-UP PREFERENCE:**

- Please mail my approval to: \_\_\_\_\_
- I will pick-up my approval. Please call me when it's ready at: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Zoning Office use only:*

Comments:

  
  
  

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_