

TOWNSHIP OF HARDING ZONING AND ENFORCEMENT FOUNDATION SURVEY (TCO / CO)

21 Blue Mill Road, P.O. Box 666 New Vernon, New Jersey 07976 (973) 267-8000 Ext. 715

ZONING APPLICATION:	APPROVAL DATE:		
FILING REQUIREMENTS: Please provide	the following:		
☐ 2 copies of the Foundation Survey (Refer to	Part #3 for detailed zoning data r	requirements).	
\square A check made payable to the Township of H	larding.		
☐ All applications must include Telephone #'s	and Email Addresses for the own	ner(s) and project cont	ractor.
PROPERTY INFORMATION: (PART 1)			
PROPERTY ADDRESS:			
PROPERTY ADDRESS:LOT:	ZONE:		
APPLICANT NAME:			
ADDRESS:			
PHONE:	EMAIL:		
PROPERTY OWNER: MAILING ADDRESS:			
MAILING ADDRESS: PHONE:			
CONTRACTOR:	EMAII ·		
PHONE:	LWAIL.		
CONTACT PREFERENCE NAME:		□PHONE	\square EMAIL
OWNER CONSENT SIGNATURE:		DATE:	
PROJECT DESCRIPTION: (PART 2)			
□FOUNDATION LOCATION SURVEY			
SURVEY REQUIREMENTS: (PART 3) S	Survey must show all information	below	
SETBACKS FROM PROPERTY LINES:			
FRONT: REAR:	RIGHT SIDE:	LEFT SIDE:	
LOT COVERAGE:	LOT COVERAGE RAT	ГІО:	
BUILDING COVERAGE:	BUILDING COVERAGE RATIO:		
BUILDING HEIGHT FROM FF:			
CERTIFICATION: (PART 4)			
Issuance of this permit does not relieve the applicant			
governmental agency having jurisdiction over the m	· ·		•

governmental agency having jurisdiction over the premises, whether local, county, state or federal, required for the development for which this permit is issued. Failure to obtain all such necessary permits or approvals may result in revocation of this permit. This applicant certifies that the information provided with this application are true and complete to the best of their knowledge.

SIGNATURE OF APPLICANT: _____ DATE: ____