



Borough of Chatham

54 Fairmount Avenue • Chatham • NJ 07928
973-701-6824 • ChathamBorough.org

Block: _____ Lot: _____ Zone: _____

Date: _____

1. Name of Applicant or Authorized Agent: _____
Please Print

Phone: _____ Email: _____

2. Applicant's Address: _____

3. Name of Lot Owner: _____

Phone: _____ Email: _____

4. Lot Owner's Address: _____

5. Address of Premises: _____

6. What type of work is being done? Any application for the residential permits below **requires a survey no older than 10 years.**

Residential Properties *Please note each item below requires a separate check made payable to Borough of Chatham*

\$50.00 _____
Received Cash Check #
 Deck Fence Shed Pool/Hot Tub AC Unit/Generator Other: _____

\$150.00 _____
Received Cash Check #
 Addition Detached Garage Other: _____

\$300.00 _____
Received Cash Check #
 New Dwelling

I (we) hereby declare and represent to the Borough of Chatham that the statements made by me (us) in this application are true and are made for the purpose of inducing the Zoning Official to issue a Zoning Permit.

Signature of Applicant: _____

Date: _____

Approved / Denied: _____

Date: _____

Glen Turi, Zoning Officer