

BOROUGH OF DEMAREST
118 Serpentine Road
Demarest, NJ 07627
201-768-3398

Approved ____ Denied ____

Date Issued _____

Permit # _____

FENCE PERMIT APPLICATION

Block _____ Lot _____ Zoning application received- Yes No

WORK SITE LOCATION _____

Owner in Fee _____

Address _____

Telephone # _____ Email _____

CONTRACTOR _____

Address _____

Telephone # _____ Email _____

License # _____ Federal Emp. No. _____

Detailed description of work (MUST supply product info. data sheet.)

Min Fee \$50 with Footing

Min Fee \$15 without Footing

\$10 per \$1000 in Cost (no footing)

\$15 per \$1000 in Cost (with footing)

FENCE HEIGHT _____ SURVEY SUBMITTED Yes ____ No ____

Is this a corner property? Yes __ No __

COST OF WORK _____

Cash/Check# _____

Collected By _____

APPROVED _____ AMOUNT _____ DATE _____

Construction Official

***Please provide a copy of your survey showing the location of the proposed fence.**

ANY FENCE INSTALLED ON AN EASEMENT IS DONE AT THE OWNER'S RISK



THE BOROUGH OF DEMAREST
118 SERPENTINE ROAD
DEMAREST, N.J. 07627-2199
Kevin Burnette Construction/Zoning Official

201-768-0167 Ext. 114
201-768-2581 FAX

TO APPLY FOR ZONING APPROVAL

Please follow these directions exactly or your application will be returned to you. This will delay the approval process.

Completely fill out, sign and date the attached form.

Attach a recent (within ten years), accurate copy of your survey or plot plan marking it up with any additions, deletions or corrections made since the date of the survey. Make sure that the scale is accurate (no enlarged or reduced copies).

Draw in and highlight the construction that you are applying for.

Label the dimensions of the structure.

Label the distances from all structures (new and old, to your front, sides, and rear property lines).

Be sure to write YOUR Name, Address, email and Property Block and Lot number on the survey.

Leave the entire packet (application, payment, and survey) in the construction office located in the Borough Hall on the 2nd floor.

The Zoning Officer will review your zoning application. If it is approved, you must apply for a building permit. The Building Department is open Monday through Friday, from 8:00 A.M. to 3:00 P.M. The phone number is (201) 768-3398 or (201) 768-0167 ext. 114. If it is denied you will receive a letter of denial.

The Zoning Officer, Kevin Burnette, is available to discuss applications Wednesdays from 8am to 12:00pm at Borough Hall.



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**Borough of Demarest
 Land Development (Zoning) Application**

ZONING REVIEW FEE:

Habitable: \$75

Non-habitable: \$50

Received by: _____

Date: _____

Check#: _____

APPROVED BY _____ DENIED BY _____ DATE _____

Reason for denial _____

[DE0832-175a Limiting Schedule, District.pdf \(ecode360.com\)](#)

[Borough of Demarest, NJ Zoning \(ecode360.com\)](#)

OWNER / APPLICANT INFORMATION

Owner Name: _____

Project Address: _____

Owner Phone: _____ Owner Email: _____

Block: _____ Lot: _____ Zoning District: _____

Applicant Name: _____

(If different from owner) _____

Applicant Phone: _____ Email: _____

TYPE OF APPLICATION (check all that apply)

New Construction _____

Addition _____ Dimensions (LxWxH) _____

Deck/Porch _____ Dimensions (LxW) _____

Shed _____ Dimensions (LxWxH) _____

Swimming Pool _____

Fence _____ Height (Ft) _____

Hot Tub/Spa _____

A/C or Generator _____ Mark location on current survey.

Patio/Sidewalk _____

Driveway _____

Retaining Wall _____

Other _____ Provide description of work _____

ZONING REQUIREMENTS:

| | Required | Existing | Proposed | Variance Required |
|--|----------|----------|----------|-------------------|
| Minimum Lot Frontage | Ft. | | | |
| Minimum Lot Depth | Ft. | | | |
| Minimum Lot Area | Sq.Ft. | | | |
| Front Yard Setback | Ft. | | | |
| Minimum Side Yard Width Abutting/Street | Ft. | | | |
| Minimum Side Yard Width Abutting/Lot | Ft. | | | |
| Rear Yard Depth | Ft. | | | |
| Rear Yard Width | Ft. | | | |
| Maximum Building Coverage % | % | | | |
| Max Height of Building | Ft. | | | |
| Max Livable Floor Area (%) | % | | | |
| Max Residential and Parking Coverage | 25% | | | |
| Max Improved Lot Coverage | 30% | | | |

Accessory Structure- §175-19B

Is structure in the rear yard? Yes ___ No ___

| | Required | Proposed | Variance Required |
|--------------------|----------|----------|-------------------|
| Side Yard set back | Ft. | | |
| Rear Yard set back | Ft. | | |
| Mean roof Height | Ft. | | |

SITE INFORMATION (fill in all blanks)

| | | |
|---|-----|----|
| Is this a corner lot? (Circle one) | YES | NO |
| Are there any overhangs on the new structure? (If yes, please indicate size and draw them on the survey) | YES | NO |
| Are there any deed restrictions or covenants affecting this application? (If yes, attach a copy of the Deed) | YES | NO |
| Is this property part of a subdivision? | YES | NO |
| Has there ever been a variance granted on this property before? (If yes, please explain and attach copy of variance to this application) | YES | NO |

I, being of full age, hereby swear that all the information I have provided in the above application and the attached survey and / or plans are true and correct to the best of my knowledge.

Print name (Architect or Engineer please seal)

Signature of Applicant