

INSTRUCTIONS FOR CCO APPLICATIONS

1. COMPLETE APPLICATION FORM AND RETURN IT TO THE ZONING OFFICE WITH A CURRENT (**DATED WITHIN SIX (6) MONTH OF APPLICATION DATE**) SCALED COPY OF THE PROPERTY SURVEY AND CHECK PAYABLE TO **MANALAPAN TOWNSHIP** FOR THE AMOUNT OF **\$75.00**.
2. AFTER THE APPLICATION IS SUBMITTED TO THE ZONING OFFICE, SOMEONE WILL CALL YOU TO SET UP AN APPOINTMENT FOR THE EXTERIOR INSPECTION. PLEASE HAVE THE NUMBER WHERE WE CAN REACH YOU ON THE APPLICATION.
3. SHOULD YOU HAVE ANY QUESTIONS REGARDING THE ZONING CERTIFICATE OF OCCUPANCY, PLEASE CALL (732)446-8301 OR 8322.

DOCUMENTATION REQUIRED

COMPLETED AND SIGNED APPLICATION FORM, AVAILABLE ON WEBSITE AND AT MUNICIPAL BUILDING.

A SCALED SURVEY, WHICH INCLUDES ALL EASEMENTS OF RECORD, CERTIFIED TO THE PROPERTY OWNER AND DATED WITHIN SIX (6) MONTH OF THE DATE OF APPLICATION.

CERTIFICATION FROM THE PROPERTY OWNER THAT NO CHANGES HAVE BEEN MADE TO THE PROPERTY SINCE THE DATE OF THE SURVEY OR DETAILING ANY CHANGES TO THE PROPERTY SINCE THE DATE OF THE SURVEY.

ZONING PERMIT REQUIREMENTS AND CHECKLIST

ADDITIONS, DECKS, FLAT OR RAISED PATIOS AND OTHER ACCESSORY STRUCTURES

MUST MEET THE MINIMUM AREA, YARD AND BUILDING REQUIREMENTS OF THE ZONING DISTRICT.

DRIVEWAYS

NEW AND/OR REPLACEMENT MUST BE MINIMUM 10 FEET FROM THE SIDE LOT LINE. *EXCEPT IN THE R-4 ZONING DISTRICT; DRIVEWAYS SHALL BE A MINIMUM FIVE (5) FEET FROM THE SIDE LOT LINE.

FENCES

NO FENCES LOCATED WITHIN 25 FEET OF STREET LINE.

FENCES SHALL NOT EXCEED THREE (3) FEET IN HEIGHT IN A FRONT YARD AND SHALL NOT EXCEED SIX (6) FEET IN HEIGHT IN A REAR YARD OR SIDE YARD IS SIX FEET.

NO FENCES OVER A PUBLIC EASEMENT OR RIGHT-OF-WAY UNLESS THE TOWNSHIP OF MANALAPAN GRANTS A REVOCABLE LICENSE FOR THE ERECTION OF THAT FENCE.

POOLS AND HOT TUBS

BOTH MUST MEET THE MINIMUM SETBACK REQUIREMENTS OF THE ZONING DISTRICT, WITH PROPER FENCE ENCLOSURE.

SHEDS

ONLY **ONE** PER PROPERTY, LOCATED IN THE REAR YARD AND CONFORMING TO MINIMUM SETBACK REQUIREMENTS OF THE ZONING DISTRICT. MAXIMUM SIZE 12'X18'X10'.

PROPERTY MAINTENANCE

NO OVERGROWN VEGETATION OR NOXIOUS WEEDS.

NO DEBRIS IN YARD.

NO FENCES IN DISREPAIR.

NO SIDEWALKS, CURBS AND/OR DRIVEWAY APRON IN NEED OF REPAIR/REPLACEMENT.

NO OBSTRUCTIONS OVERHANGING/OBSTRUCTING ONTO SIDEWALKS OR WITHIN SIGHT TRIANGLE.

DEFICIENCIES OBSERVED DURING INSPECTION WILL REQUIRE CORRECTION BEFORE THE CERTIFICATE OF OCCUPANCY IS ISSUED.

TOWNSHIP OF MANALAPAN
DEPARTMENT OF ZONING/CODE ENFORCEMENT
120 ROUTE 522
MANALAPAN, NJ 07726
FAX: (732)446-0134

Nancy DeFalco
Zoning/Code Enforcement Officer
ndefalco@mtmj.org



OFFICE USE ONLY:

Application #: _____

Check #: _____

Date of Survey: _____

Inspection Date: _____

Reinspection Date: _____

REQUEST FOR ZONING C.C.O. (Non UCC)

Date: _____

Block: _____ Lot: _____

ADDRESS OF DWELLING: _____

NAME PRESENT OWNER: _____

PRESENT OWNER'S ADDRESS: _____

PRESENT OWNER'S FUTURE ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____ WORK OR CELL NUMBER: _____

NAME OF CLOSING ATTORNEY: _____ PHONE NO: _____

NAME OF BUYER OR TENANT: _____

TELEPHONE NUMBER(S): _____

PRESENT ADDRESS: _____

NAME & NUMBER OF SELLER'S AGENT: _____

NAME & NUMBER OF BUYER'S AGENT: _____

APPROX. CLOSING DATE: _____

Fees must be paid at the time of application. Acceptable forms payments are cash, check, money order or certified check. Please make checks payable to "Manalapan Township".

ALL FEES ARE NON-REFUNDABLE.

RESIDENTIAL SALE OR RENTAL FEE: \$75.00

I hereby give permission to authorize personnel from the Township of Manalapan to inspect the above reference premises at any time.

APPLICANT'S SIGNATURE

PRINT NAME

DATE

TOWNSHIP OF MANALAPAN
 DEPARTMENT OF ZONING/CODE ENFORCEMENT
 120 ROUTE 522
 MANALAPAN, NJ 07726
 FAX: (732)446-0134

Nancy DeFalco,
 Zoning/Code Enforcement Officer
ndefalco@tnj.org



HOME IMPROVEMENT QUESTIONNAIRE

The information listed below must be submitted with a scaled copy of the property survey prepared by a NJ licensed surveyor containing all existing structures. This form must be filled out by the homeowner. No letter of authorization will be accepted in lieu.

ADDRESS OF DWELLING: _____

BLOCK: _____ LOT: _____ ZONE: _____ TYPE OF OCCUPANCY: _____

REASON FOR CHANGE OF OCCUPANCY: **RESALE - RENTAL - OTHER:** _____

Whether you made any of these improvements to your home, or if they were in place when you purchased your home, please answer yes or no if your home has ANY of the improvements listed below.

CHECK ALL THAT APPLY (Homeowner)

ZONING APPROVAL or COMMENTS
(Office Use Only)

ADDITION(S)	YES _____	NO _____	_____
CABANA/POOL HOUSE	YES _____	NO _____	_____
COVERED PATIO/DECK	YES _____	NO _____	_____
DECK	YES _____	NO _____	_____
DETACHED GARAGE	YES _____	NO _____	_____
DRIVEWAY- NEW or EXTENSION	YES _____	NO _____	_____
ENCLOSED PORCH	YES _____	NO _____	_____
FENCE	YES _____	NO _____	_____
FINISHED BSMT (OVEN/STOVE)	YES _____	NO _____	_____
GARAGE CONVERSION	YES _____	NO _____	_____
GAZEBO/PAVILION	YES _____	NO _____	_____
HOT TUB/SPA	YES _____	NO _____	_____
PATIO/PAVERS/WALKWAY	YES _____	NO _____	_____
SHED	YES _____	NO _____	_____
SOLAR PANELS (GROUND)	YES _____	NO _____	_____
SPORTS COURT	YES _____	NO _____	_____
STANCHIONS	YES _____	NO _____	_____
SWIMMING POOL	YES _____	NO _____	_____

OTHER: _____

Any variances granted in relation to this property. *(circle one)* YES NO

If yes, what for; year; app. #: _____

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE.

 HOMEOWNER'S (SELLER) SIGNATURE ONLY PRINT NAME DATE

 REPRESENTATIVE OF THE ZONING DEPARTMENT DATE