



**BOROUGH OF PARK RIDGE
CONSTRUCTION OFFICE
55 Park Avenue
Park Ridge, NJ 07656
Tel: 201-391-5224
Fax: 201-391-7130**

ZONING PERMIT

Zone: _____ Block: _____ Lot: _____ Corner/Interior Lot: _____ Date _____

Fence* Fence for Pool Shed (Under 150sf) A/C Condenser Generator Sign Other _____

TYPE OF DWELLING:

Single Detached One Family Home Multi-Family Two Family Owner Occupied

Two Family Non-Owner Occupied Tenant Commercial

Work Site Location _____

Applicant _____

Owners Name _____

Tel. No. _____ E-Mail _____

Contractor _____

Address _____

Tel. No. _____ E-Mail _____

Description of Work _____

Applicant's Signature

Date

***The approved fence shall be inspected for height, UCC requirements and general approved location only. It is the sole responsibility of the contractor, applicant and/or owner to locate the fence on your property, within your boundaries in accordance with your survey. Fences 6ft high maximum side and rear yard residential; 4ft high maximum front yard residential.**

FOR OFFICE USE ONLY:

Fee: \$ _____

Cash/Check #: _____

Approved () Denied () Reason _____

Zoning Officer's Signature _____ Date _____

FEES: RESIDENTIAL/COMMERCIAL = \$50 NEW CONSTRUCTION = \$100