BOROUGH OF PARK RIDGE
ZONING OFFICE
55 Park Avenue
Park Ridge, NJ 07656
Tel: 201-391-5673 / 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

☐Driveway ☐Retaining Wall ☐Other_____

TYPE OF DWELLING:

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

☐Two Family Non-Owner Occupied ☐Tenant ☐Commercial

Work Site Address_____

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_____

$50 Zoning Permit
$150 Zoning Permit – Additions
$250 Zoning Permit – New Construction