CLARK TOWNSHIP ZONING PERMIT APPLICATION

Da	ıte	_			
Lo	cation	Block		Lot	· <u>-</u>
1. Applicants Name:			Phone #		
2.	Applicant's Address				
3.	Owner's Name & Addres	s (if different than appli	cant)		
4.	Supply current survey an Proposed use:				
5.	Lot Dimensions				
6.	Square Footage of: Bldg. Coverage:				
	Impervious Coverage: FAR:				
7.	Principle Structure: Heig	ghtW	idth	Length	
	Principle Structure: Heig Number of Stories: Side Setbacks:	Front Setback:	C	orner Lot Setback	
	Side Setbacks:	&	Rear Setback: _		
8.	Dimension of all Accesso	ry Buildings:			
	Front Setback:	Side Setbacks:		Rear Setback:	
9.	Number of Existing Park	ing Spaces	Parking Sp	aces Required	
10.	Proposed Items: (check of Driveway: Shed_	one) Structure	Addition	Garage	
11.	Describe in detail the act any accessory activities t	tivity or activities to be o	onducted in the	e principal building <u>and</u>	
13.	State whether any of the use: (if so, state facts sup-	oporting this contention) Deen the subject of any p	:	to the Zoning Board	
	And it and a Sign atoms		n		
	ApplicantsSignature:Date:				
	NOT WRITE BELOW The Based on this Zoning Apple to the in accordance with the interpretation in the interpretat	ication and statements th	at are made a p g Ordinances a	art herein, the proposed w	ork is foun
Co	mments:				
		7	ing Officer	Date	
			g Ojjiver	<i>D</i> uie	
	Denied, based on the	e following reasons:			

Rec'd / / Amount <u>\$ 100.00</u> Check # Cash Rec'd by