



RESIDENTIAL

## **Zoning Permit Application**

### **Minimum requirements**

#### **A. COMPLETED ZONING APPLICATION**

1. FILL IN Entire Zoning Permit
2. Application must be signed by BOTH the applicant and the owner of the property (landlord, homeowner, management company, etc.)
3. Briefly describe the work that is being conducted (#5)

#### **B. THREE (3) COPIES OFFICIAL PROPERTY SURVEY/KEY MAP**

1. Survey must be drawn to scale- not reduced or enlarged
2. Survey must indicate property as it presently exists, showing all updates or improvements.
3. Survey must show all proposed work, also drawn to scale, indicating all dimensions and measurements

#### **C. THREE (3) COPIES OF REQUIRED CONSTRCUTION DRAWINGS.**

1. Construction drawings must correspond with what is on the property survey or key map
2. Two (2) copies will stamped and returned to the applicant to be submitted to the Building Department for construction permits.

#### **D. RESIDENTIAL**

\*\*\* All Additions, sunrooms, enclosed porch, new SFD, ETC. \*\*\*

1. All of the Above
2. FAR (Floor Area Ratio) Certification Sheet - signed & sealed

#### **E. PAYMENT IS DUE AT TIME OF RECEIPT OF APPLICATION \$100.00**

1. Check, Money Order, or Cash (EXACT CHANGE)
2. NO DEBIT OR CHARGE CARDS will be accepted.

Additional Information that may be needed:

- \* Zoning or Planning Board Resolutions
- \* Final Compliance letters
- \* Engineering reports
- \* Approvals from any outside agencies (Somerset Soil, etc.)

Incomplete Applications **WILL NOT** Be accepted. If you have any questions, you may reach our office at (908) 276-5802. Thank you



## Borough of Kenilworth

567 Boulevard

Kenilworth, New Jersey 07033

# ZONING PERMIT

APPL. NO: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

**PERMIT FEE \$100.00**

**\*\*COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE INSTRUCTION SHEET AND APPLICABLE FEES.\*\***

### TYPE OF APPLICATION

<input type="checkbox"/> Minor Residential Alteration	<input type="checkbox"/> Alterations to Multi-Family and/or
<input type="checkbox"/> Residential Alteration	<input type="checkbox"/> Non-Residential structures ; SIGNS*
<input type="checkbox"/> New Single Family Structure	<input type="checkbox"/> New Non-Residential Structure Const.
<input type="checkbox"/> New Multi Family Structure	<input type="checkbox"/> Certificate of Non-Conformity
<input type="checkbox"/> New Two Family Structure	<input type="checkbox"/> Change of Occupancy
<input type="checkbox"/> Other : Describe _____	

**ALL SIGN PROPOSALS REQUIRE THE ADDITIONAL SIGN FORM TO BE COMPLETED & SUBMITTED WITH THIS FORM.**

**PLEASE PRINT CLEARLY**

1. Applicant's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

**Email** Address: \_\_\_\_\_

2. Property Owner's Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

3. Location of property for which Zoning Permit is desired: Zone \_\_\_\_\_

Street Address: \_\_\_\_\_

4. Use of Property: Residential [ ] ; Commercial [ ] ; Office [ ] ; Industrial [ ] ; Other [ ]

Describe present use: \_\_\_\_\_

Describe proposed use: \_\_\_\_\_

Describe proposed construction, alterations, additions or changes at the subject site: \_\_\_\_\_



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5. Is a change of occupancy or tenancy involved in this application: Yes [ ] No [ ]

If yes, describe \_\_\_\_\_

6. Has the subject premises been the subject of prior application to the Zoning Board of Adjustments or Planning Board to the applicant's knowledge. Yes [ ] No [ ]

If Yes, state date: \_\_\_\_\_ Board \_\_\_\_\_ Resolution # \_\_\_\_\_

Disposition of Application: \_\_\_\_\_

### **ALL APPLICATIONS MUST BE SIGNED:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name Applicant

\_\_\_\_\_  
Property Owner Signature or Designated Agent

\_\_\_\_\_  
Print Name (Owner)

### **OFFICE USE ONLY:**

Based on the information submitted and the requirements of the Borough Zoning Ordinance, your application for Zoning Permit is hereby:

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

Comments on Decision: \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date



## RESIDENTIAL

Total Square Footage of Lot

Measure all structure within property line:

Existing square footage of House

Including: Porches, steps and attached garages

Square footage of Detached Garage

Square footage of shed

Square footage of Air Conditioning Units

Square footage of Driveway

Square footage of all Walkways

Square footage of all Patios (Mas Black)

Any other Structure on the property

Square footage of proposed new construction

DIMENSION

Square Footage

Existing square footage of House		
Including: Porches, steps and attached garages		
Square footage of Detached Garage		
Square footage of shed		
Square footage of Air Conditioning Units		
Square footage of Driveway		
Square footage of all Walkways		
Square footage of all Patios (Mas Black)		
Any other Structure on the property		
Square footage of proposed new construction		

*Total Square footage of structures*

(Ratio of structure to lot (B divided by A) LOT COVERAGE PERCENTAGE: B/A x100+Percentage Imperv, Coverag

(B)

% (C)

The undersigned states that he/she completed the above building coverage calculations and represents that the figures are accurate. This may be signed by the homeowner, a Professional Engineer or Registered Architect. Seal required if by Professional Engineer or Architect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## RESIDENTIAL

### **RESIDENTIAL FLOOR AREA RATIO CERTIFICATION**

Effective November 1, 2015, The Borough of Kenilworth Council amend the Residential Zoning Requirements, Section 23:E-10 for FAR (Floor area ratio) and lot coverage. AS per those amendments the following information table and certification is required to be submitted with the Zoning permit Applications for single family home improvements: (Residential Floor Area Ratio shall be calculated utilizing the exterior wall dimensions of each floor of the structure; minus any two (2) story interior areas such as open foyers, balconies, atriums, etc. where no second-floor space exists)

	Existing Floor Area	Proposed Total Floor Area (Existing Plus New)
First Floor	_____	_____
Second Floor	_____	_____
Habitable Attic	_____	_____
Garage	_____	_____
Total Floor Area	_____	_____
Lot Size	_____	_____
Floor Area Ratio is: Total Floor Area/Lot Size	_____	_____

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Block No.: \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Zone: \_\_\_\_\_ Max. Allowable FAR: \_\_\_\_\_

### **Certification**

The undersigned certifies that the floor areas set forth above and the overall floor area ratio have been verified by me as accurate. I recognize that the Zoning Officer is relying upon the accuracy of said information as part of the Zoning Permit process.

***\*\*Must be signed and sealed by a N.J Licensed Engineered or Architect.***

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_ License #: \_\_\_\_\_



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### RESIDENTIAL ZONES BULK STANDARDS

STANDARD	R-5	R-5A	R-6
Minimum lot size	5,000 SF	5,000 SF <sup>1</sup> 7,000 SF <sup>2</sup>	6,000 SF
Minimum lot width	50'	50'	60'
Front yard setback	25' <sup>3</sup> 23' <sup>4</sup>	25' 23'	25' 23'
One side yard setback	5'	5'	8'
Two side setbacks	20% of width	20% of width	25% of width
Rear yard setback	20'	20'	20'
Maximum height	35' 2.5 stories	35' 2.5 stories	35' 2.5 stories
Maximum building cover	50%	50%	50%
Maximum impervious cover	75%	75%	75%
Floor area ratio	.75	.75	.75

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### NOTES

<sup>1</sup> Single Family homes

<sup>2</sup> Two family homes

<sup>3</sup> First floor

<sup>4</sup> Second floor