



BOROUGH OF METUCHEN MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

Permit #	_____
Received	_____
Issued	_____
Payment	_____
Amount	_____

ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

1. Location

Street Address 1 Safety Place
 Block 132 Lot 10-29, 40-52 Zone R-2

2. Applicant

Name Borough of Metuchen Phone 732-632-8509
 Street Address 500 Main Street Fax _____
 City / State Metuchen, NJ Zip 08840 Email _____

3. Owner (If other than Applicant)

Name Same as App Phone _____
 Street Address _____ Fax _____
 City / State _____ Zip _____ Email _____

4. Present or Previous Use of Building and/or Land

- Detached Single-Family Attached Single-Family Two-Family Residence Multi-Family Residence
 Commercial Office Industrial Other

5. Proposed Use of Building and/or Land

- New Principal Structure Addition / Alteration / Deck / Porch New Accessory Structure
 Parking Lot / Driveway Patio / Walkway Fence / Wall
 Change of Use / Occupancy Sign Other _____

6. Describe Proposed Work or New Use

Demolition of existing Building and
Proposed New EMS Building

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building	_____	_____
Floor Area to be Occupied	_____	_____
Off-Street Parking Spaces	_____	_____
Numbers of Employees	_____	_____
Days & Hours of Operation	_____	_____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name Borough of Metuchen Date 3-15-2024

Signature _____