APPLICATION TO:
The City of Lambertville
Zoning Board of Adjustment

For Official Use Only:
Date of Application Filed: _____ Board Action Required: _____
Fee Paid: Application Fee: _____
Date File Complete: _____

I certify that the enclosed Application is complete.

_____ _____
Signature of Certifying Agent Date

_____ _____
Other Date

****

APPLICATION IS HEREBY MADE TO THE BOARD OF ADJUSTMENT FOR THE FOLLOWING: (check which apply)

a. Appeal from the determination of the Building Inspector or Zoning Officer _____
b. Interpretation of the Zoning Ordinance: _____
c. Special Use Permits: _____
d. Special Exception(s): _____
e. Variance(s): _____

1. Name of Applicant: _____
   Address: _____
   Phone: _____ Fax: _____

2. Description of the premises involved in this application:
   a. Tax Map Block: _____ Lot(s) _____
   b. Street or road Location: _____
   c. Zone District: _____
   d. Lot Size: Area: _____ Frontage: _____ Depth: _____
   e. Existing Building: Dimensions Height Setbacks (Front & Side)
      Residential _____ _____ _____ _____
      Accessory _____ _____ _____ _____
      Other _____ _____ _____ _____
   f. Proposed Building _____ _____ _____ _____
      Residential _____ _____ _____ _____
      Accessory _____ _____ _____ _____
      Other _____ _____ _____ _____
   f. Current use of the Property: _____
      If non-conforming, give date when use commenced: _____