N HI MITTLE	BOROUGH OF CHESTER		OFFICE USE ONLY
The Way	50 North Rd.		OFFICE USE ONLY Application #:
	Chester NJ 07930		Approved: Denied:
alley of CHESTOR HE	908-879-3660 Ext. 2115		Reason:
	zoning@chesterborough.org		Date Stamp:
	ZONING PERMIT APPLI	CATION	Date Stamp.
Purpose: Obtaining a Zoning Permit is required before applying for a Certificate of Occupancy or a Building Permit. The purpose of a Zoning Permit is to ensure the building, structure and/or use complies with the zoning requirements of the Borough of Chester including setbacks, use, and building coverage. The owner and/or applicant will be notified within 10 business days from the date of receipt of this application that the Zoning Permit has been approved, denied (with reasons), or the application is deemed incomplete.			ing <u>Fees</u> \$50.00 - Pools requiring building permits, fences, sheds, decks, patios,
OWNERSHIP INFORMATION			change impervious coverage &
			accessory structures, permanent signs & temporary banners
Name:			\$100.00- New house-addition &
			sidewalks
Block:	Block: Lot:		Checks made payable to The Borough
Phone #:	Email:		of Chester
	nature:		
			**Please provide a correctly scaled
APPLICANT INFORMATION (If different from ownership)			property survey with this application and
show			show the proposed work drawn to scale including setbacks, height, and
			dimensions, etc. Provide photos of the
Address:			area of proposal. **
	Lot:		
Phone #:	Email:		
Applicant's	Signature:		
() New Con	struction () Addition () Shed/Garage () D	eck () Porch () In ground n	ool () Above ground pool
() Hot Tub	() Sign () Change of Use () Patio () Gazebo	() Finished Basement () Oth	her
Describe in d	letail the intended use and dimensions of the structu	re, addition, shed, fence, etc., t	hat is to be built or displayed:
<u> </u>			
state the date	e premises ever been the subject to any prior applic of the application, results, and attach a copy of the		
and a of Ch	ify that the information submitted is correct and that the Ill other pertinent dimensions and information is correct a nester Codes. lerstand that if it is determined that the information provid	nd will be built in compliance with	h app applicable provisions of The Borough
the subje ✓ Appl	ubmitted survey, The Borough of Chester Codes may inst ect to penalties as per Chapter 163-64 Violations and pe icant, in addition to certifying the above, I certify that the er to make this application on the owner's behalf.	itute the appropriate action or proc nalties.	eedings to abate the violation and I will be
Owner/Applie	cant Name (print):	Signature:	
Date			

Maximum Improved Lot Coverage Worksheet All uses in R-LD and R-HD Zones Based Lot Area (acres) Base Lot Area (square feet) Permitted Based Coverage (square feet) Permitted Incremental Coverage Factor 45.00% 0.000 0 0 0.125 5,445 2,450 35.00% 0.250 10,890 4,356 30.00% 16,335 5,990 25.00% 0.375 0.500 21,780 7,351 20.00% 9,529 17.50% 0.750 32,670 1.000 43,560 11,435 15.00% 12.50% 1.250 54,450 13,068 1.500 65,340 14,429 10.00% 1.750 76,230 15,518 6.67% 87,120 16,245 3.33% 2.000 3.000 130,680 17,695 3.33% 5.000 217,800 20,596 3.33% Determine zoning district: • What is your maximum lot coverage % in your zone? % . What is the total square footage of your lot? sq. ft Give the total square footage of the following coverage: Existing Proposed Single family home / attached garage **Detached Garages** Driveways-asphalt/gravel Sidewalks-concrete/paver/gravel etc. Porches Enclosures Patios-concrete/paver/gravel, etc. Decks Sheds Pools or Hot Tubs

_____sq ft. X _____

Total lot coverage

Accessory Structures Other-Please List

Additional Lot Size

(a) _____ <

Total lot coverage must be less than per

Max.%

must be less than permitted base coverage + additional coverage

% = (b) ______ sq. ft. of additional coverage

(a)______ sq. ft.

=Additional Lot Coverage