

ZONING APPROVAL REQUEST FORM

Township of Lawrence
PO Box 6006
Lawrenceville, NJ 08648
609-844-7087
609-896-0412 fax

Date: _____

Applicant: _____

Property Address: _____

Phone #: _____

Block(s): _____ Lot (s): _____

(check appropriate box below)

Deck

Patio

Addition (include information below)

- Size of Addition: _____ square feet
- Number of Stories: _____
- Attach in-fill housing form if located in R3, R4 or R5 Zoning Districts

Garage

New Construction

Pool

Shed

Other (specify)* _____

*Do not use this request form for Fence, Business Occupancy, Home Occupation, In Fill Housing, Limousine or Sign requests (separate application form available)

UPON APPROVAL:

- Contact Applicant for pick-up
- Deliver to Construction Office