

City of Lambertville
18 York Street, Lambertville NJ 08530
P: 609-397-0803 ~ F: 609-397-2203

Frank D'Amore
Friday and Saturday

Please be advised that you are required to submit certifications that the property taxes are up to date. Attached is the certification that needs to be signed by the Tax Collector and returned with this application. No Zoning Permits will be issued without this certification.

Zoning approval is required for all exterior projects that include the changing of the footprint of the property (examples: additions, new buildings, sheds, decks, patios, pavers, signs, etc.)

You are also required to obtain approval from the Zoning Officer for the Change of Use of a building and also when a new tenant moves into the location. You must submit a floor plan of the tenant space.

When applying for a Zoning Permit, please submit a copy of the survey or site plan of the property showing the changed footprint. The original of this site plan or survey must have been sealed by a licensed engineer. No hand drawn plans will be accepted.

The fee for the review of this application is \$35.00 & is payable at the time you submit the application. Please allow one week for a complete plan review.

If you are also applying for Construction permits, please be advised that you must first obtain Zoning approval prior to the start of any work.

Also, there may be other City approvals that may be required for the proposed work. If you are unsure as to whether additional approvals are needed, please feel free to contact the Construction Office at (609) 397-0803.

Thank you in advance for your cooperation.

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Zoning Permit Application

Zoning Permit # _____ Block: _____ Lot: _____

Was approval required from either the Zoning Board or the Planning Board for the City of Lambertville? _____ Yes _____ No _____ Initials

****If yes please attached approved resolution and signed plans to permit application****

Property Owners Name: _____

Work Site Location: _____

Work Phone: _____ Cell Phone: _____

Owners Address (if different for work site location) _____

Email Address: _____

Contractor's Name / Tenant's Name: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Type of Work: (please check one)

___ Fence Dimensions: _____

___ Addition Dimensions: _____

___ Sign Dimensions: _____

___ Deck Dimensions: _____

___ Shed Dimensions: _____

___ Pool Dimensions: _____

Please describe in detail in the area provided below the previous use and proposed use for both a CCO and a

Change of Use:

___ Change of Use Previous Use: _____ Proposed Use: _____

___ CCO Previous Use: _____ Proposed Use: _____

Description of previous use:

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Description of proposed **new use**:

Property Information

Zone: Residential 1 _____ Residential 2 _____ C2 Service Comm. _____ C3 General Comm. _____
CBD (Historical Review) _____ Residential 3 Townhouse (Homeowner Assoc.) _____

Current Use: Residential _____ Commercial _____ Mixed _____ ICC Use Code _____

Proposed Use: Residential _____ Commercial _____ Mixed _____ ICC Use Code _____

Total Commercial Sq. Ft. _____ **Residential # of Bedrooms** _____

Off-Street Parking Requirements CBD Zone:

Note: Off Street parking spaces shall be located within 200 ft. of use it is intended to serve.

- Galleries & Antique Stores-1 space per 600 sq. ft.
- Cooperatives-3 spaces per exhibit area
- Retail-Personal Sales-General & Professional Offices-1 space per 300 sq. ft.
- Medical & dental offices-1 space per three seats
- Restaurants & luncheonttes-1 space per 250 sq. ft.
- Taverns & Bars-1 space per two seats
- Apartments efficiency-1space, 1 bedroom 1 ½ spaces, 2 bedroom 1 ¾ spaces, 3 bedroom or more 2 spaces, senior Citizen ½ space
- General Commercial-1 space per 700 sq. ft.
- Wholesale use-1 space per 3000 sq. ft

Property setbacks for primary structure:

Existing:	Front Yard _____	Proposed _____
	Right Side Yard _____	Proposed _____
	Left Side Yard _____	Proposed _____
	Back Side Yard _____	Proposed _____

Property Setbacks for accessory structure:

Existing:	Front Yard _____	Proposed _____
	Right Side Yard _____	Proposed _____
	Left Side Yard _____	Proposed _____
	Back Side Yard _____	Proposed _____

Approved: _____ **Date:** _____ **Denied:** _____
Frank D'Amore, Zoning Official