



City of Long Branch
Office of Planning and Zoning
344 Broadway, Long Branch NJ 07740
Phone (732) 571-5647 Fax (732) 222-7755

OFFICE USE ONLY:

Received Date: _____

Application #: _____

Check #: _____

SEARCH REQUEST APPLICATION

As of March 15, 2016 [Add Applicant and Owner Information]

For Determination of Uses and/or Units

All blanks must be filled in and all required documents attached. ANY application that is not complete will not be accepted and may result in a permit denial. Search process takes approximately 20 business days once fully complete and accepted.

DATE _____ **ZONE** _____ **BLOCK** _____ **LOT(s)** _____

ADDRESS OF REQUEST: _____

Nearest Cross Street: _____

Current/Previous Use of Site/Structure (i.e. 1-family, 2-family, condos, retail, etc.): _____

APPLICANT'S NAME: _____

APPLICANT IS: HOMEOWNER BUILDING OWNER BUSINESS OWNER AGENT
 OTHER: _____

APPLICANT'S MAILING ADDRESS: _____

APPLICANT'S PHONE NUMBER(S): _____

NAME OF BUSINESS/AGENCY: _____

NAME OF BUILDING/HOME OWNER (if different from above): _____

BUILDING/HOME OWNER MAILING ADDRESS (if different from above): _____

BUILDING/HOME OWNER PHONE NUMBER(S) (if different from above): _____

DETAILED DESCRIPTION OF SEARCH REQUESTED: _____

List any pending or previous litigation, legal action, and/or violations for this property and attach documents: _____

If previously approved/denied by a Board, is the Memorialized Resolution attached? (REQUIRED) _____

PLANNING or ZONING BOARD PROJECT NAME, if applicable: _____

PLANNING or ZONING BOARD FILE NUMBER, if applicable: _____

I, _____, applicant (owner or authorized agent), HEREBY ACKNOWLEDGE THAT THIS TWO-PAGE APPLICATION HAS BEEN READ, UNDERSTOOD, AND IS 100% COMPLETE AND ACCURATE. ALL REQUIRED DOCUMENTS ARE ALSO PROVIDED AND ARE 100% TRUE. I understand that all information provided may be used to formulate a letter of denial and subsequently for reference prior to, during, or after issuance of any permit or license. Any subsequent issued permit will pertain to zoning issues only. I understand that in signing this application that my affirmation as to the contents of such is true, and any work done contrary is in violation at my obligation which is a legal duty. Furthermore, the undersigned, as applicant for the above zoning permit, in consideration for the issuance of same, hereby agrees to defend, hold harmless, and indemnify the City of Long Branch and its employees and/or agents from any claims, liability or damages arising from the issuance of the aforesaid zoning permit. I also understand that if this application is approved, I and/or the owner am responsible for providing a correct as-built plan and to pay all fees incurred by the City or its professionals to rectify any problems cited by complaint or inspection, before, during and/or after construction in particular if the construction is not built to the approved plan or permits. ***I understand that failure to provide complete and accurate application information may result in penalties and/or immediate rescinding of any permits issued.***

PRINT APPLICANT'S NAME: _____

SIGN APPLICANT'S NAME: _____

APPLICANT'S EMAIL ADDRESS: _____

ALTERNATE PHONE NUMBER(S): _____

SEARCH REQUEST APPLICATION CHECKLIST

1. FEES: Check or Money Order made out to *The City of Long Branch*.

Fee: \$50.00

2. COPIES:

One copy of plans no larger than 11" X 17" but must be legible

(NOTE: Building Dept. requires 2 ADDITIONAL SIGNED AND SEALED DETAILED PLANS for construction permits)

3. DOCUMENTS:

Completed Search Request Application

Current Survey of Property unless discussed with Zoning Official

Zoning or Planning Board Application(s) and/or Resolution(s)

Zoning Permit(s)

Certificate(s) of Occupancy

Construction / Building Permit(s)

Property Records

Tax Bills / Records

Utility Bills / Records

Sewer Authority Bills / Records

Letters from previous owners or neighbors if warranted by request