



Impervious Surface Zoning Permit

for areas greater than 50 sq. ft.

Department of Planning and Engineering

P.O. Box 1081

East Brunswick, NJ 08816

(732) 390-6870

Fax (732) 390-6898

1. Property Owner's Name _____ Phone # _____
2. Pavement location Address _____
Block _____ Lot _____ Zone _____ If Corner Lot Name of Other Street _____
3. Email Address _____
4. Property Owner's Address (if different than pavement location) _____
5. Applicant/Contractor (if not owner) _____ Phone # _____
Applicant's/Contractor's Address (if not owner) _____
6. Applicant's/Contractor's Email Address _____
7. **Attach Survey showing location of existing and proposed impervious surface.**
8. Type & purpose of impervious surface (driveway, patio, tennis court, etc.) _____

Setback: Front _____ Rear _____ Sides _____

9. Dimensions & Square Footage of proposed impervious surface _____
10. Lot Size (in square footage) _____ % Impervious Lot Coverage _____
11. Are there any easements on the property? Yes _____ No _____
12. Will the impervious surface be located on the easement? Yes _____ No _____
If yes, release letter for easement required.

Signature of Applicant

Approval _____ Date _____ Variance _____

Permit # _____ Fee (\$25.00) _____ Inspection _____

Please call the Planning Department for inspection at 390-6870 after impervious area is installed.

cc: Applicant