



Borough of Jamesburg
Municipal Building
131 Perrineville Road
Jamesburg, New Jersey 08831

Zoning Department
Phone: (732) 521-2222 ext. 105
Fax: (732) 521-3455
Website: www.jamesburgborough.org

JAMESBURG LAND USE BOARD

___ REQUEST APPEAL OF ZONING OFFICER'S DECISION

Written explanation of “**appeal**” request attached: (YES) _____ (NO) _____

___ REQUEST FOR AN INTERPRETATION OF THE ZONING ORDINANCE

(Specify section of ordinance) _____

Fee \$100.00 Received: (YES) _____ (NO) _____

Applicant's Name: _____

Applicant's Address: _____

Owner's Name: _____

Owner's Address: _____

Relationship of applicant to owner (i.e. Tenant, agent, purchaser under contract, same person, or Other)

Address Location of Premises: _____

Zoning Location of Premises: Block _____ Lot _____ Qual _____

The premises are now located in the following zone:

- | | |
|---|---|
| ___ (R-100, RC) Low Density Residential District | ___ (RB) Retail Business District |
| ___ (R-75, RTC) Medium Density Residential District | ___ (O) Office District |
| ___ (RH) High Density Residential District | ___ (NC) Neighborhood Commercial District |
| ___ (CBD) Central Business District | ___ (ARR) Age Restricted Residential District |
| ___ (PO/R) Professional Office/Residential District | ___ (PR) Recreation District |
| ___ (ARO) Age Restricted Overlay | ___ (R) Riparian Overlay |

Please attach a copy of the Zoning Officer's decision along with a written statement explaining your “**appeal**” request. Return application, fees & supporting documents to the Land Use Secretary 45 days before the scheduled meeting date.