

Department of Public Works



CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
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MAYOR

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CONSTRUCTION OFFICIAL
ZONING OFFICER

REQUEST FOR ZONING INFORMATION

MUST BE COMPLETED IN ITS ENTIRETY OR WILL BE REJECTED

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

ADDRESS OF PROPERTY YOU ARE REQUESTING ZONING INFORMATION
ABOUT: _____

WHAT IS PROPERTY CURRENTLY USED AS: _____

IF SAME IS COMMERCIAL, IS SAID PREMISES VACANT? Yes () No ()

IF NOT VACANT, WILL THERE BE A SUBDIVISION AT PREMISES Yes () No ()

YOUR INTENDED USE FOR THIS PROPERTY: _____

SIGNATURE OF APPLICANT

OFFICE USE ONLY

