

BOROUGH OF WOOD-RIDGE
ZONING CODE ENFORCEMENT
APPLICATION FOR ZONING APPROVAL

PROPOSED BUILDING/ADDITION/SWIMMING POOL

Date: _____ ☐ New Application ☐ Amended Application Previous Application Number: _____
Property Owner: _____ Work Site Location: _____
Address of Owner: _____ Telephone Number: _____
Block: _____ Lot: _____ Corner Lot (yes/no): _____ Length: _____ Width: _____ Area: _____ Sq. Ft.
Existing Use: ☐ Residential Number of Dwelling Units: _____ ☐ Non-Residential Proposed Use: _____
Description of Proposed Work: _____

(IF THIS APPLICATION IS FOR A SWIMMING POOL ONLY GO TO THE SWIMMING POOL SECTION BELOW)

Existing Building Length: _____ Width: _____ Height: _____
Existing Lot Coverage (Principal Structure, Garages, Sheds, Deck): _____ Sq. Ft. Percentage of lot coverage: _____ %
Existing Set Backs Front: _____ ft Rear: _____ ft Side: _____ ft Side: _____ ft Second Front (Corner Lot Only): _____ ft
Proposed Building/Addition Length: _____ Width: _____ Height: _____ FAR (Floor Area Ratio) _____
Proposed Set Backs Front: _____ Rear: _____ Side: _____ Side: _____ Second Front (Corner Lot Only): _____
Proposed Lot Coverage (Principal Structure, Garages, Sheds, Deck): _____ Sq. Ft. Percentage: _____ %

**SUBMIT: PLOT PLAN SHOWING ALL EXISTING AND PROPOSED STRUCTURES AND THEIR SET BACKS AND ALL
ACCESSORY EQUIPMENT (A/C UNITS, ETC.) WHICH MUST BE SIX (6) FEET FROM PROPERTY LINES**

Proposed Swimming Pool:

Length: _____ Width: _____ or Diameter: _____ Height/Avg. Depth: _____ Fence Height: _____
Set Backs: Rear: _____ Side: _____ Side: _____ Distance From House: _____

**SUBMIT: PLOT PLAN SHOWING ALL EXISTING STRUCTURES AND THEIR SET BACKS AND ALL ACCESSORY EQUIPMENT
(SWIMMING POOL FILTERS, HEATERS, FENCES, ETC) WHICH MUST BE SIX (6) FEET FROM PROPERTY LINES**

I hereby attest that the above information is true and accurate. I further agree to conform to all the
rules and regulations of the Borough of Wood-Ridge and the New Jersey Uniform Construction Code.

Signature of Owner / Agent

Print Name

Date

Office Use Only:

Date Received: _____ Application Number: _____ Fee (\$25) ☐ Cash ☐ Check# _____

Zoning District: _____ ☐ Conforming ☐ Nonconforming ☐ Legal Nonconforming

This Application is ☐ Approved ☐ Denied Reason for Denial: _____

Code Section: §248- _____

Reviewed By: _____ Zoning Officer Date: _____ Notification Date: _____

Referred to: ☐ Council Liaison ☐ Zoning Board Secretary ☐ Planning Board Secretary ☐

Board Secretary: Please notify this office as project progresses through the following phases:

Hearing Date: _____ Memorialization Date: _____ Variance Approved (yes/no) _____ Date: _____