



TOWNSHIP OF LITTLE FALLS
BUILDING DEPARTMENT
225 MAIN ST LITTLE FALLS, NJ 07424

FEE: \$50.00

APPLICATION FOR ZONING PERMIT (Residential Accessory Uses)

Date of Application _____ Completeness Date: _____

PROPERTY INFORMATION (*Applicant to Complete*) Block _____ Lot(s) _____

Address _____ Zone _____

Description of Work

() POOL () SHED () DECK () GENERATOR () RETAINING WALL

() OTHER (if other please provide description)

Please attach survey showing the location of proposed Accessory Use

APPLICANT INFORMATION (*Applicant to Complete*)

Name _____

Address _____

City/State/Zip _____

Phone # _____ E-Mail _____

Applicant is a: () Corporation () Partnership () Individual

APPLICANT SIGNATURE: _____ DATE: _____