



**City of Long Branch**  
**Office of Planning and Zoning**  
 344 Broadway, Long Branch NJ 07740  
 Phone (732) 571-5647 Fax (732) 222-7755

**OFFICE USE ONLY:**

Received Date: \_\_\_\_\_

Application #: \_\_\_\_\_

Check #: \_\_\_\_\_

**SEARCH REQUEST APPLICATION**

*As of January 31, 2008*

**For Determination of Uses and/or Units**

*All blanks must be filled in and all required documents attached. ANY application that is not complete will not be accepted and may result in a permit denial. Search process takes approximately 20 business days once fully complete and accepted.*

**DATE** \_\_\_\_\_ **ZONE** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **LOT(s)** \_\_\_\_\_

ADDRESS OF REQUEST: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Current/Previous Use of Site/Structure: \_\_\_\_\_

NAME OF OWNER/BUSINESS: \_\_\_\_\_

OWNER/BUSINESS MAILING ADDRESS: \_\_\_\_\_

OWNER/BUSINESS PHONE NUMBER(S): \_\_\_\_\_

**DETAILED DESCRIPTION OF SEARCH REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

List any pending or previous litigation, legal action, and/or violations for this property **and attach documents:**

\_\_\_\_\_

If previously approved/denied by a Board, is the Memorialized Resolution attached? **(REQUIRED)** \_\_\_\_\_

PLANNING or ZONING BOARD PROJECT NAME, if applicable: \_\_\_\_\_

PLANNING or ZONING BOARD FILE NUMBER, if applicable: \_\_\_\_\_

I, \_\_\_\_\_, applicant (**owner or authorized agent**), HEREBY ACKNOWLEDGE THAT THIS TWO-PAGE APPLICATION HAS BEEN READ, UNDERSTOOD, AND IS 100% COMPLETE AND ACCURATE. ALL REQUIRED DOCUMENTS ARE ALSO PROVIDED AND ARE 100% TRUE. I understand that all information provided may be used to formulate a letter of denial and subsequently for reference prior to, during, or after issuance of any permit or license. Any subsequent issued permit will pertain to zoning issues *only*. I understand that in signing this application that my affirmation as to the contents of such is true, and any work done contrary is in violation at my obligation which is a legal duty. Furthermore, the undersigned, as applicant for the above zoning permit, in consideration for the issuance of same, hereby agrees to defend, hold harmless, and indemnify the City of Long Branch and its employees and/or agents from any claims, liability or damages arising from the issuance of the aforesaid zoning permit. I also understand that if this application is approved, I and/or the owner am responsible for providing a correct as-built plan and to pay all fees incurred by the City or its professionals to rectify any problems cited by complaint or inspection, before, during and/or after construction in particular if the construction is not built to the approved plan or permits. ***I understand that failure to provide complete and accurate application information may result in penalties and/or immediate rescinding of any permits issued.***

PRINT APPLICANT'S NAME: \_\_\_\_\_

SIGN APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NUMBER(S): \_\_\_\_\_

## **SEARCH REQUEST APPLICATION CHECKLIST**

**1. FEES: Check or Money Order** made out to *The City of Long Branch*.

\_\_\_\_\_ Fee: \$50.00

**2. COPIES:**

\_\_\_\_\_ One (1) Copy of any plans or documents *equal to or smaller* than 11" X 17" **OR** Four (4) Folded Copies of any plans or documents ***larger*** than 11" X 17"

**(NOTE: Building Dept. requires 2 ADDITIONAL SIGNED AND SEALED DETAILED PLANS for construction permits)**

**3. DOCUMENTS:**

\_\_\_\_\_ Completed Search Request Application

\_\_\_\_\_ Current Survey of Property unless discussed with Zoning Official

***Previous / Current Documents, if applicable:***

\_\_\_\_\_ Zoning or Planning Board Application(s) and/or Resolution(s)

\_\_\_\_\_ Zoning Permit(s)

\_\_\_\_\_ Construction / Building Permit(s)

\_\_\_\_\_ Property Records

\_\_\_\_\_ Tax Bills / Records

\_\_\_\_\_ Utility Bills / Records

\_\_\_\_\_ Sewer Authority Bills / Records

\_\_\_\_\_ Letters from previous owners or neighbors if warranted by request