

MARLBOROUGH TOWNSHIP

REQUEST FOR ZONING OPINION

OWNER NAME: _____ PHONE #: _____

ADDRESS: _____

PROPERTY LOCATION: _____

TAX MAP PARCEL# 45 - 00 - _____ BLOCK #: _____ UNIT #: _____

CURRENT ZONING DISTRICT: _____

WHAT OPINION ARE YOU ASKING FOR (i.e. Can property be subdivided? etc.)

APPLICANT NAME: _____

(PRINT)

APPLICANT ADDRESS: _____

SIGNATURE: _____ PHONE #: _____

FEE: \$100.00 MINIMUM PLUS \$75.00 PER HOUR OR FRACTION OF HOUR.

CHECK # _____ AMOUNT ENCLOSED \$ _____