FLORHAM PARK CONSTRUCTION DEPARTMENT  
111 RIDGEDALE AVENUE  
FLORHAM PARK, NJ 07932  
973-410-5346 (FAX) 973-410-5490

*Dear Applicant,*

*A ZONING permit is required for fences six feet or less in height. A complete copy of original survey reflecting the proposed fence location must be submitted with the zoning application.*

*A building permit is not required for fences six feet in height or less. This exception does NOT apply to barriers surrounding public or private swimming pools.*

Six foot fences that are more than 50% solid are permitted only in side and rear yards of residential zones to the plane defining the front of the house. All supporting members of fence sections must face inside the property erecting the fence, the "good side" of the fence must face the neighbors. Rear and side yard fences must be a minimum of six inches inside the property line with the exception of corner lots which are considered to have two front yards.

Front yard fences are allowed, maximum four feet in height, no more than 50% solid. Fence placement must be outside of the "site triangle" and 6" INSIDE the property line. (Outside of any road right of way)

Incomplete applications will be returned. The application fee, due with submittal, is $25 and should be made payable to the Borough of Florham Park. Thank you in advance for your anticipated cooperation with regard to the permit process.
FENCE ONLY ZONING APPLICATION

Control # ______________ Date Submitted ______________ Proposed Use Group ______________

Work Site Address: ______________________ Blk. ___________ Lot ___________

Property Owner: ______________________ Phone #: ______________________

Owner’s Email: ______________________ Owner’s Address ______________________

Agent/Contractor ______________________ Agent/Ctr. Address ______________________

Agent/Contractor Email ______________________ Agent/Ctr. Phone # ______________________

Brief Description of Work:

______________________________________________________________________________

I hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner, to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction. I certify that the answers on this Zoning Application are true and complete to the best of my knowledge.

Signature ______________________ Name( print) ______________________ Address ______________________

My Lot is on a: Corner Parcel _____ Interior Parcel _____ Sq. Footage of Lot is __________ Zone ______________

SETBACKS

EXISTING

PROPOSED FENCE SETBACK:

Front Yard ______________ ______________

Second Front Yard ______________ (If corner parcel) ______________

Rear Yard ______________ ______________

Side Yard ______________ ______________

Fencing: Type: ______________________ Height ______________________

(All fences must be a minimum six inches inside property line with “good” side facing neighbors)

Application Fee $ ______________ Received __________

This application is Approved _______ DENIED _______

Date: ______________ Check# ______________ Cash ______________

Zoning Officer: ______________________ Date ______________

Janet L. Doherty, Zoning Officer