



**TOWNSHIP OF FAIRFIELD**  
230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004  
PHONE: 973-882-2700 EXT.2037  
FAX: 973-244-9255

**WILLIAM GALESE**  
MAYOR

**ZONING DEPARTMENT**

**RESIDENTIAL IMPERVIOUS COVERAGE PERMIT**

(Requires Copy of Survey Showing All Existing & Proposed Imp. Coverage)

PROPERTY (ADDRESS): \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

OCCUPANT OF PROPERTY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ SQ. FT. OF NEW IMP. COVEARGE: \_\_\_\_\_

TOTAL % OF EXISTING & PROPOSED NEW IMP. COVERAGE: \_\_\_\_\_

**THE FOLLOWING ARE CONDITIONS OF THIS PERMIT:**

1. The undersigned agrees to abide by all provisions of Ordinance 45-22.2(g), any Amendments and all applicable Ordinances and Regulations.
2. Addition of any imperious surface in excess of one hundred (100) square feet requires a permit.
3. No impervious coverage shall exceed the maximum permitted as indicated in the schedule of area, yard and building regulations.
4. Work may not begin without a mark out inspection and approval from the Engineering Department.
5. All work is to be done in accordance with the survey provided and requires a final as built inspection upon completion.

APPLICATION #: \_\_\_\_\_  
Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee: \$75.00 CHECK #: \_\_\_\_\_ DEP # \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
ZONING OFFICIAL

**Zoning Officer Use Only. Do not write below line**