

ZONING PERMIT APPLICATION

(IMPORTANT: READ CHECKLIST AND INFORMATION SHEET BEFORE FILLING IN APPLICATION)

TOWNSHIP OF MEDFORD

Department of Planning & Zoning

17 N. Main Street

Medford, NJ 08055 Phone: (609) 654-2608 Fax: (609) 714-2109

IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED APPLICATION? YES _____ NO _____

IS THIS PROPERTY RESIDENTIAL _____ COMMERCIAL _____ HISTORIC PROPERTY _____

1) BLOCK _____ LOT _____ ZONE _____

2) PROPERTY OWNER'S NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT PERSON: _____

Signature: _____ Print Name: _____ Date: _____

3) APPLICANT'S NAME: (If different from Property Owner) _____

ADDRESS (Location of Work): _____

PHONE: _____ FAX: _____

Signature: _____ Print Name: _____ Date: _____

4) CONTRACTORS NAME: _____ Contact Person: _____

ADDRESS: _____ Phone: _____ Fax: _____

CONTRACTOR LICENSE NO. OR BUILDER REGISTRATION NO. _____ FEDERAL EMP.NO. _____

Signature: _____ Print Name: _____ Date: _____

5) PROPOSED USE & SPECIFIC TYPE OF BUSINESS: _____

DESCRIPTION OF WORK

6) UTILITIES: Septic _____ Well _____ Public Sewer _____ Public Water _____

7) AGE OF HOME: _____

FOR OFFICE USE ONLY

Proposed Project was approved by Zoning Board _____ Planning Board _____ Other (specify) _____

Application # _____ Approval Date _____ Memorialization # _____ Date: _____

Application Denied: _____ Date: _____ Reason(s): _____

Exempt Permit _____ Cash _____ Check # _____ Zoning Control # _____ Initials: _____ Date: _____

Zoning Permit # _____ Initials: _____ Date: _____

FILL OUT A SEPARATE SHEET FOR EACH SIGN

TYPE OF SIGN: (check all that apply)

Temporary _____ Permanent _____ Free Standing _____
Building Mounted _____ One Sided _____ Two Sided _____
If Other, Explain _____

BUILDING MOUNTED:

Linear Building Frontage _____
Wall Surface Area Where Sign To Be
Attached: Height _____ Width _____

SPECIAL SIGNS:

Development Sign _____ Off-Site Sign _____
Multiple Occupancy & Tenancy Sign _____ Sign for Non-Conforming Use _____
Roof Sign _____ Sign for Non-Profit Institution _____
Functional Sign _____ Sign for Service Station _____
Window Sign _____
Other Special Sign _____ Explain _____

SIZE:

Length _____ Width _____ Square Feet _____
Height (free standing only) _____

ILLUMINATION:

Lighted _____ Not Lighted _____ Interior Illumination _____
Exterior Illumination _____ Total Watts _____
Light Source (Mercury Vapor, High Pressure Sodium, Etc.) _____

ATTACH THE FOLLOWING: Scaled sketch of sign, show dimensions, identify construction materials, locate lighting fixtures and show angles of illumination.

For Free Standing Signs – Provide scaled location plan of sign on site, provide dimensions, locate driveways and show landscaping.
For Building Mounted Signs – Provide scaled plan locating sign on building, provide dimensions, and show windows, doors, etc.

OTHER PERMITS REQUIRED:

Construction _____ Electrical _____

APPROVED FOR PERMIT

(Administrative Officer) DATE _____

DISAPPROVED FOR PERMIT

Reasons _____

(Administrative Officer) DATE _____