



ZONING PERMIT APPLICATION

DEPARTMENT OF PLANNING & ZONING
49 UNION STREET / MEDFORD, NJ 08055
(609) 654-2608 x315

1) BLOCK # _____ LOT # _____ ZONING DISTRICT _____ AGE OF PROPERTY: _____

2) PROPERTY OWNER'S NAME: _____

ADDRESS: _____

DAY PHONE #: _____ EMAIL: _____

Signature: _____ Print Name: _____ Date: _____

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

4) ADDRESS/LOCATION OF WORK: _____

DAY PHONE #: _____ EMAIL: _____

Signature: _____ Print Name: _____ Date: _____

5) CONTRACTOR/COMPANY: _____ Contact Person: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

Signature: _____ Print Name: _____ Date: _____

6) PROPOSED USE (COMMERCIAL/RESIDENTIAL) IF COMMERCIAL, SPECIFIC TYPE OF BUSINESS:

7) NEW CONSTRUCTION _____ CHANGE OF USE/TENANT _____ IMPROVEMENT (i.e., Pool, Addition, Shed, Fence) _____ (Check one)

8) DESCRIPTION OF IMPROVEMENT(S): _____

WILL THIS REQUIRE REMOVAL OF TREES? _____ IF SO, HOW MANY? _____

*****INDICATE ON SURVEY LOCATION OF TREES TO BE REMOVED*****

9) PROPOSED SETBACKS: Front _____ Rear _____ Right Side _____ Left Side _____

10) FOR FENCES: Height (front yard) _____ (side yard) _____ (rear yard) _____

Material: check one: Wood _____ Vinyl _____ Chain-link _____ Other (list) _____

Will fence enclose a pool? Yes _____ No _____ (If yes, you must see the Construction Dept.)

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11) UTILITIES (Check all that apply): *Septic _____ Well _____ Public Sewer _____ Public Water _____

BE ADVISED A LETTER FROM BURLINGTON COUNTY HEALTH DEPARTMENT PROPERTIES WITH SEPTIC MAY BE REQUIRED.

12) IS THIS PROPERTY GOVERNED BY A HOMEOWNER ASSOCIATION (INC., COLONY CLUB, CIVIC ASSOCIATION PER SECTION 605 OF ORDINANCE 1992-1(2) Yes _____ No _____

IF YES, PLEASE INCLUDE THE HOMEOWNER ASSOCIATION COURTESY LETTER FROM AN OFFICER OF THE ABOVE ASSOCIATION APPROVING THE PROPOSED PROJECT IN QUESTION # 7 ABOVE.

13) HAS A VARIANCE EVER BEEN GRANTED FOR THIS PROPERTY Yes _____ No _____

THIS APPLICATION SHALL INCLUDE ONE (1) COPY OF A PLOT PLAN OR NJ LICENSED LAND SURVEY IF AVAILABLE, CLEARLY DETAILED SHOWING ALL EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, SETBACKS, AND RECORDED EASEMENTS. (IN CERTAIN SITUATIONS A NJ LICENSED LAND SURVEY MAY BE REQUIRED)

ALL INFORMATION SUPPLIED HEREIN IS CONSIDERED TO BE MATERIAL FACTS, AND MISREPRESENTATIONS SHALL BE SUFFICIENT CAUSE FOR DENIAL OF THIS APPLICATION OF REVOCATION OF ANY PERMIT(S) PREVIOUSLY ISSUED.

PLEASE NOTE: PURSUANT TO NJ STATE STATUE SECTION 40:55-18 THE ZONING OFFICIAL HAS TEN (10) BUSINESS DAYS TO RESPOND TO YOUR APPLICATION.

FOR OFFICE USE ONLY

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

Application # _____ Approval Date _____ Memorialization # _____

Cash _____ Check # _____ Amount _____ Zoning Control # _____ Initials: _____ Date: _____

Reviewed By: _____ Date: _____ Approved _____ Denied _____ Zoning Permit # _____

Send to Construction: Yes No

Description/Notes: