



## DEPARTMENT OF PLANNING AND ZONING

49 Union Street • Medford • NJ 08055

PH: 609/654-2608 X 315 FAX: 609/714-2109

**FILL OUT A SEPARATE SHEET FOR EACH SIGN --- FEE REQUIRED: \$100 PER SIGN**

NAME OF BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TYPE OF SIGN:** (Check all that apply)

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

**IF 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 \_\_\_\_  
Roof Sign \_\_\_\_ Sign for Non-Conforming Use \_\_\_\_  
Functional Sign \_\_\_\_ Sign for Non-Profit Institution \_\_\_\_  
Window Sign \_\_\_\_ Sign for Service Station \_\_\_\_  
Other Special Sign \_\_\_\_ Explain \_\_\_\_\_  
Window Sign \_\_\_\_

**SIZE:**

Length \_\_\_\_ Width \_\_\_\_ Square Feet \_\_\_\_  
Height (Free Standing Only) \_\_\_\_  
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**

Reason: \_\_\_\_\_  
\_\_\_\_\_  
(Administrative Officer) DATE \_\_\_\_\_

DUE DATE:



# ZONING PERMIT APPLICATION

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

1) BLOCK # \_\_\_\_\_ LOT # \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ AGE OF PROPERTY: \_\_\_\_\_

2) ADDRESS/LOCATION OF WORK: \_\_\_\_\_

3) PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAY PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

4) APPLICANT'S NAME: (If different from Property Owner) \_\_\_\_\_

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.*

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### **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:**