



DEPARTMENT OF PLANNING, ZONING & CODE ENFORCEMENT

49 Union Street • Medford • NJ 08055

• PHONE: 609/654-2608 x315 • FAX: 609/714-1790

CHECKLIST OF THE SUBMISSION OF A NON-RESIDENTIAL ZONING PERMIT**

- _____ Completed zoning permit application. The application shall be completely filled out and **signed by both applicant and owner** (if applicable).

- _____ One (1) sealed site plan/survey.

- _____ If approval has been granted by the Planning and Zoning Board, submit a copy of the Resolution. (If available)

- _____ Submit an existing floor plan and a proposed floor plan for a change of tenant.
A letter must be submitted identifying the type of proposed business use. The letter must describe the existing use.

- _____ One (1) copy of Architectural plans if change in building exterior is proposed.

- _____ Sign permits are required for each new sign and refacing of any/all existing signs. (See separate Sign Permit application form).

- _____ Appropriate Zoning Permit fee

- _____ Detailed description of business (services rendered and/or goods sold), hours of operation & projected # of employees.



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.

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: _____

Taxes paid Y / N

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

Send to Construction: Yes No

Description/Notes:



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)

IF BUILDING MOUNTED:

Temporary ___ Permanent ___ Free Standing _____ Linear Building Frontage _____

Building Mounted ___ One Sided ___ Two Sided ___ Wall Surface Area Where Sign To Be

If Other, Explain _____ 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 _____ Window Sign _____
- Other Special Sign _____ Explain _____

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

DATE _____

(Administrative Officer)

DISAPPROVED FOR PERMIT

Reason: _____

DATE _____

(Administrative Officer)

ZONING PERMIT FEES

§901. Fees

A. Every application for development shall be accompanied by a check payable to the Township of Medford in accordance with the following schedule:

17. Zoning Permit	Application Fee	Escrow Account
(a) New Construction: 1 or 2 Family Dwelling Unit	\$100	
(b) New Construction: Multiple Dwelling Building	\$200	
(c) Additions or rehabilitation of fences, sheds, above ground pools, or any other structure and residential improvements requiring issuance of a zoning permit	\$ 50	\$500 *
(d) Inground Pools (includes pool grading plan) 2 copies	\$150	
(e) Non-residential development	\$250	\$750 *
(f) Change of Tenant	\$ 75	
(g) Sign and/or Refacing Permit	\$100 per sign	

* If Engineering or Planning review is determined to be required by the Zoning Officer.



DEPARTMENT OF PLANNING, ZONING & CODE
ENFORCEMENT

49 Union Street • Medford • NJ 08055

PHONE: (609)654-2608

ESCROW AGREEMENT

THIS AGREEMENT made this _____ day of _____, 20_____, between _____ hereinafter referred to as “applicant,” and the PLANNING OR ZONING BOARD OF THE TOWNSHIP OF MEDFORD, hereinafter referred to as “Board,” and the Township Council of the Township of Medford, hereinafter referred to as “Township.”

WHEREAS, Applicant is proceeding under Ordinance No. 1994-9, for approval of a _____, and

WHEREAS, the Ordinance requires the applicant to establish an escrow whereby work required to be performed by professionals employed by the Board will be paid for by the Applicant as required under provisions of the Ordinance cited above, and

WHEREAS, both parties feel that it is appropriate to reduce this understanding to written form.

WITNESSETH: IT IS mutually agreed between the parties that:

Section 1. **PURPOSES**

The Board authorizes its professional staff to review, inspect, report, and study all plans, documents, statements, improvements, and provisions made by the Applicant in conforming to the requirements of the Ordinance cited and referred to above. The Board directs its professional staff to make all oral and/or written reports to the Board of its conclusions and findings derived from the review, study, investigation and like or similar duties performed as elsewhere authorized. The applicant agrees to pay all reasonable professional fees incurred by the Board for the performance of the duties outlined above.

Section 2. **ESCROW ESTABLISHED**

Applicant, Board and Township, in accordance with the provisions of this agreement hereby create an escrow to be established with the Financial Officer of the Township of Medford.

Section 3. **ESCROW FUNDED**

Applicant by execution of this agreement shall pay to the Township, to be deposited in the depository referred to in Section 2 herein such sums as are required by Ordinance No. 1994-9 (Section No. 901). Execution of this agreement by the Township acknowledges receipt of the sums referred to under this paragraph.

Section 4. **INCREASE OF ESCROW FUND**

If during the existence of this escrow agreement the funds held by the escrow holder shall be insufficient to cover any voucher or bill submitted by the professional staff and reviewed and approved by the Board, Applicant shall within fifteen (15) days from the date of receipt of written notice deposit additional sums with the escrow holder to cover the amount of the deficit referred to above. The written notice referred to in this paragraph shall be in form set forth in Schedule 2 attached to this agreement. Unless otherwise shown, receipt shall be presumed to have occurred three (3) days after mailing. The notice required under this paragraph shall be given by the Planning Administrator.

Section 5. **TIME OF PAYMENT**

The professionals referred to in this agreement, upon the conclusion of their services or periodically during the performance of their services, shall submit vouchers conforming to the requirements established by the Board for vouchers of the type and kind referred to under this paragraph. Said vouchers shall include the amount of all fees and costs incurred as a result of the services set forth under Section 1 of this agreement.

Section 6. **BOARD OF REVIEW**

The Planning Administrator shall review the vouchers submitted by the professionals to determine whether the services have been performed in the manner and to the degree required by this agreement. Upon making a determination that said services have been performed properly, the Administrator shall process said vouchers in the same manner under the same terms as are normally employed for vouchers submitted for work performed on behalf of the Township. At the conclusion of this processing, the amounts specified in said vouchers shall be deducted by the escrow holder from the escrow established pursuant to this agreement.

Section 7. **APPLICANT'S OBJECTION**

The applicant shall have the right to make periodic inspections of the records maintained by the escrow holder to determine the status of the escrow at any point in time. Where the applicant objects to the payment of any voucher from the escrow fund, she/he shall have the right to appeal, upon three (3) days notice to all professionals, to the Board to determine whether the payments or payment objected to are proper. The standards of review to be utilized by the Board in determining whether said payment are proper, or whether the fees incurred are reasonable and whether the work has been performed properly.

Section 8. **INTEREST ALLOCATIONS**

Any and all interest which would result from or arise out of the deposits being made and held in escrow by the applicant shall revert to the use and enjoyment of the escrow holder as compensation for the services rendered in connection with this escrow agreement.

Section 9. **TRANSFERS**

This applicant agrees to be responsible for all bills against this development's escrow account. In the event that this project is sold or my interest is transferred to another party, my obligation can only be relieved if all outstanding bills are paid and the new principal obligates him/herself to the responsibility of all future bills in an agreement with the Township.

IN WITNESS WHEREOF the parties hereto have set their hands and seal the date first written above.

Tax I.D. or S.S. # will be submitted to the finance office for tax reporting services. Not for public record

Individual/Entity Providing Escrow Payment
Print

Tax I.D. or S.S. #

Signature

Applicant (print)