



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 \_\_\_\_\_

Multiple Occupancy & Tenancy Sign \_\_\_\_\_

Roof Sign \_\_\_\_\_

Functional Sign \_\_\_\_\_

Window Sign \_\_\_\_\_

Other Special Sign \_\_\_ Explain \_\_\_\_\_

Off-Site Sign \_\_\_\_\_

Sign for Non-Conforming Use \_\_\_\_\_

Sign for Non-Profit Institution \_\_\_\_\_

Sign for Service Station \_\_\_\_\_

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**

\_\_\_\_\_  
DATE \_\_\_\_\_

(Administrative Officer)

**DISAPPROVED FOR PERMIT**

Reason:

\_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

(Administrative Officer)



# 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: \_\_\_\_\_

Taxes paid Y / N

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Send to Construction: Yes  No

### Description/Notes:

## **ZONING PERMIT FEES**

### §901. Fees

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

<b>17. Zoning Permit</b>	<b>Application Fee</b>	<b>Escrow Account</b>
(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.