

**ZONING PERMIT APPLICATION
TOWNSHIP OF PEMBERTON**

Zoning Department

500 Pemberton-Browns Mills Road
Pemberton, New Jersey 08068-1539
609-894-3306 Fax: 609-894-7976

FOR OFFICE USE ONLY

Permit/Receipt # _____

Date Received: _____

Received by: _____

Response Due: _____

Review Date: _____

Approved/Denied: _____

ALL ITEMS MUST BE COMPLETED OR THE APPLICATION WILL BE REJECTED

ADDRESS OF PROJECT: _____ BLOCK(S): _____

ZONE: (if known) _____ LOT(S): _____

IS THIS PROPERTY SERVICED BY SEPTIC: _____

EXISTING USE: Residential Non-Residential / Description _____

PROPOSED IMPROVEMENTS AND/OR USE (be specific): _____

A COPY OF SURVEY, SCALED OR ACCURATE DRAWING REQUIRED: Please show location of proposed projection(s) indicating setbacks, location of streets indicating street names, dimensions of the property and location of septic if applicable. All easements and rights-of-way should be indicated.

State law allows ten (10) days to review a complete zoning permit application.

Lot Size _____ **X** _____ **Lot Sq Ft** _____
 FENCE DECK/PATIO NEW DWELLING ACCESSORY USE SHED
 GARAGE/POLE BARN POOL/HOT TUB ADDITION OTHER _____
(above or inground)

Please complete the following information where applicable:

SIZE: _____ x _____ HEIGHT: _____ SIZE: SQ FT _____
LENGTH WIDTH (OVER 500 SQ FT MAY REQUIRE GRADING PLAN)

PROPOSED SETBACKS: FRONT: _____ REAR: _____ SIDE: _____ SIDE: _____

Is the lot an inside or corner lot? INSIDE LOT CORNER LOT
If application is for an accessory structure - distance to principal structure: _____

Provide principal structure: Dimensions/sq ft _____ / _____ Height _____

Was Planning Board or Zoning Board approval required for this improvement and/or property?

NO YES If yes, date approved? _____

APPLICANT NAME: _____ OWNER NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE ZIP: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

APPLICANT/OWNER SIGNATURE _____

Applicant/Owner is responsible for accuracy of documentation and information submitted.