

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: \_\_\_\_\_

FENCE Permit Application (Article V; Chapter 190-34)

An application fee of \$25.00 is required at the time application is submitted.

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

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

Type of Fence:  Chain Link  Vinyl  Wood  Other \_\_\_\_\_  
(building permits may be required for pool enclosures)

Fence Height: \_\_\_\_\_

Address: \_\_\_\_\_ Block(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_

PLEASE CIRCLE ONE:      INSIDE LOT      CORNER LOT

APPLICANT  
NAME: \_\_\_\_\_

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

CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

OWNER/ORGANIZATION  
NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPLICANT/OWNER SIGNATURE \_\_\_\_\_

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