

APPLICATION FOR ZONING PERMIT

Mount Laurel Township
Community Development
Zoning Division

Date _____

IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED APPLICATION? YES or NO

If yes, Zoning Permit # _____

Block _____ Lot _____ Qualifier _____ Zone _____

Work Site Location _____

Property Owner _____ Phone # _____

Address of Owner _____

Existing Use _____ Proposed Use (Be Specific) _____

Description of Work _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction.

Signature _____ Address _____ Telephone _____ Fax _____

PLEASE CIRCLE ONE:

Agent / Owner / Attorney / Management Co.

Print name / Title _____ Company Name _____

Submitted: ___ Three (3) plot plans showing existing building(s) and proposed structure(s) including the front, side and rear yard setbacks.

Plot plans MUST be same size as the original document

___ One (1) copy of the Homeowners Association approval.

___ Site Plan Waiver # _____

___ Construction Permit Application

VARIANCE: Approval date _____ File # _____

Check one: ___ Corner Lot ___ Inside Lot

Setbacks:
Front _____ Rear _____ Smallest Side _____ Aggregate _____ Second Front _____

Ground Floor Area: Existing _____ Proposed _____ Total _____

Square footage of lot _____ Percentage of lot covered buildings _____ Height _____

Swimming pool distance from: Foundation wall _____ Side _____ Rear _____ Fence _____

Fencing *: Type _____ Height _____ Location _____

This application is: _____ Approved _____ Denied _____ Denied

Application # _____ Zoning Permit # _____ Construction Control # _____

Application Fee: \$35.00 (Exact cash or check) Received: Cash/Check # _____ Voucher # _____

Marcie B. Maute, Zoning Officer