

Borough of Elmer

HOUSING, ZONING, & PROPERTY MAINTENANCE OFFICE

120 S. Main Street, PO Box 882, Elmer, NJ 08318

(856) 358-4010 Ext. 114 (856) 358-4870 fax zoning@elmerboroughnj.com www.elmerboroughnj.com

APPLICATION FOR ZONING PERMIT

Instructions: This application shall include a **PLOT PLAN** or NJ licensed land **SURVEY** if available, clearly detailed and showing all **existing** and **proposed** structures with dimensions, setbacks, and recorded easements. In certain situations a NJ licensed land survey may be required.

Site Address: _____ **Block #** _____ **Lot #** _____

Property Owner: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

I _____, owner or authorized agent for owner, give permission for proposed applicant/contractor to seek approvals or building permits if needed.

Applicant/Contractor: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Home Improvement Contractor Registration #13VH: _____

Proposed Activity/Construction (attach a plot plan/survey showing all existing buildings and proposed construction with measurements): _____

Proposed Setbacks from Property Line:

FRONT _____ REAR _____ RIGHT _____ LEFT _____ HEIGHT _____

Shed/Garage/Other Building: Width _____ Length _____ Height _____

Addition/Deck: Width _____ Length _____ Height _____

Fence: Type: _____ Height: _____ Front: _____ Rear: _____ Side: _____

Pool: Above Ground: _____ Size: _____ Height: _____ In Ground: _____ Size: _____

New Home/Building: Width _____ Length _____ Height _____

Property Owner Signature: _____ **Date:** _____

All information supplied herein is considered to be material facts, and misrepresentation shall be sufficient cause for denial of this application or revocation of any permit(s) previously issued. Pursuant to NJ State Statute Section 40:55-18 the Zoning Official has ten (10) business days to respond to this application. Zoning applications are non-transferable and are void after 6 months.

Zoning Permit Fee: \$25

Make checks payable to: **Borough of Elmer**

FOR OFFICE USE ONLY

Fee _____ Cash _____ Check # _____ Approved _____ Denied _____

Received By _____ Date _____

App # _____

Zoning Officer Date