

**ZONING PERMIT APPLICATION  
TOWNSHIP OF PEMBERTON**

**Zoning Department**

500 Pemberton-Browns Mills Road  
Pemberton, New Jersey 08068-1539  
609-894-3306 Fax: 609-894-2703

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.*