

OFFICE USE ONLY: PERMIT # _____ ZONE _____

PINELANDS: YES OR NO



**MONROE TOWNSHIP, GLOUCESTER COUNTY
ZONING PERMIT APPLICATION**

\$50 RESIDENTIAL \$100 NON-RESIDENTIAL

NON-REFUNDABLE FEE

CHECK, CASH (EXACT ONLY) OR MONEY ORDER

ZONING DEPARTMENT

125 VIRGINIA AVENUE

WILLIAMSTOWN, NJ 08094

www.MonroeTownshipNJ.org

(856)728-9800 ext.237, 222

tanelms@monroetownshipnj.org

\$25 REVISION FEE

This form shall be used to begin the approval process for **residential & non-residential improvements** as stated in Monroe Code 175-3(A) - A zoning permit issued by the Township Zoning Officer shall be required immediately after any commercial change of ownership, and prior to any tenant change, change of business name or change of a use or the erection, construction, reconstruction, alteration, conversion or installation of a structure or building and which acknowledges that such use, structure or building complies with the provisions of the Municipal Zoning Ordinance or variance therefrom duly authorized by a municipal agency.

Property Address:	Block:	Lot:
<u>PROPERTY OWNER INFORMATION</u>	<u>CONTRACTOR INFORMATION</u>	
Owner Name:	Contractor Name:	
Owner Mailing Address:	Contractor Mailing Address:	
Owner Phone Number:	Contractor Phone #:	
Owner Email:	Contractor Email:	
Property have: HOA - Y or N Sewer or Septic (Circle applicable responses) Easement Wetlands	Permit contact preferred Name:	
Land Use Boards: ZBA Approval for Use, Resolution # _____ PB Approval for Use, Resolution # _____	Permit contact preferred email:	

ANY EXTERIOR IMPROVEMENTS WILL REQUIRE A CURRENT SURVEY IN THE CURRENT OWNER'S NAME PER 175-3A (1) WITH YOUR PROPOSALS DEPICTED AND DISTANCES TO THE NEAREST PROPERTY LINES.

SOLAR PANEL APPLICATIONS MUST BE ACCOMPANIED BY A SET OF PLANS OF THE LAYOUT.

INTERIOR ALTERATIONS/CHANGE OF USE WILL REQUIRE A FLOOR PLAN.

PLEASE COMPLETE THE FOLLOWING APPROPRIATELY TO REFLECT YOUR REQUEST(S):

RESIDENTIAL		
<input type="checkbox"/> DWELLING: _____ Sq. ft. _____ height __ BR __ Bath __ Car Garage (Basement & Porches in detail)	<input type="checkbox"/> ADDITION: _____ x _____ x _____ length width height Use of Addition _____	<input type="checkbox"/> STORAGE BUILDING: USE _____ _____ x _____ x _____ length width ht. to peak
<input type="checkbox"/> DECK: _____ x _____ _____ length width sq. ft. <input type="checkbox"/> ROOF OVER _____ length x _____ width	<input type="checkbox"/> PATIO: _____ x _____ _____ length width sq. ft. <input type="checkbox"/> ROOF OVER _____ length x _____ width	<input type="checkbox"/> POOL: INGROUND or ABOVE GROUND _____ L x _____ W _____ Diameter CONCRETE SQ. FT. _____
<input type="checkbox"/> FENCE: _____ _____ type height	<input type="checkbox"/> DRIVEWAY: _____ x _____ _____ length width sq. ft.	<input type="checkbox"/> SHED: _____ x _____ x _____ length width height
<input type="checkbox"/> FINISH BASEMENT Types of rooms must be labeled on plan	<input type="checkbox"/> SOLAR PANELS # _____ ROOFTOP GROUND-MOUNT	<input type="checkbox"/> TELECOMMUNICATIONS ALTERATIONS _____
<input type="checkbox"/> OTHER (or additional description): _____ _____		
NON-RESIDENTIAL		
<input type="checkbox"/> TENANT FIT-OUT/ALTERATIONS:		
<input type="checkbox"/> OTHER		

Property Owner ONLY - Print: _____ Signature: _____ Date: _____

OFFICE USE ONLY: APP FEE: _____ DATE RECEIVED: _____ RECEIVED BY: _____ PAYMENT TYPE: _____
 REVISION FEE \$25: _____ DATE REC'D: _____ REC'D BY: _____ PAYMENT TYPE: _____

NOTES _____

Zoning Official _____ Date Approved _____