



CITY OF BURLINGTON
 525 High Street
 Burlington, NJ 08016
 609-386-0200 / fax 609-386-3362 / www.burlingtonnj.us

APPLICATION FOR ZONING PERMIT

APPROVED DENIED

Date: ____ / ____ / ____

Block: _____ Lot: _____ Zone: _____

Address for Permit: _____

Scope of Work _____

Structure will be: Personal Business Other: _____

Property Owner: _____

Contractor (if applicable): _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

A Property Survey or Drawing to Scale must be submitted with this application

The proposed construction will have an area of _____ sq. ft., _____ ft. wide, _____ ft. long and will be set back from property lines:

Front :	Rear:	Right:	Left:	Height:
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List ALL structures on Property: _____

** I certify by signing this form that all information on this application is true. Any falsification may subject the applicant to penalties and/or revocation of the permit. As the applicant of the permit I accept all responsibility for accurate setbacks, final grading and drainage issues.

Note: No structure/construction shall be permitted in, right of ways, buffers or easments.

Signature _____, I have read and understand the above information.

For Official Use Only:

Other Permits or Approvals must also be obtained by the:

- | | | |
|--|--|---|
| <input type="checkbox"/> Construction Office | <input type="checkbox"/> PSE&G | <input type="checkbox"/> Common Council |
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Dept. of Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP | |

Zoning permit fee of \$ _____ has been paid. Cash Check # _____

Zoning Officer: _____ Date: _____

Notes: _____

Non- Transferable

Void After 6 Months

White - Zoning Office

Pink - Construction

Canary - Applicant