(856) 769-2200
Fax (856) 769-4297

BOROUGH OF WOODSTOWN

P.O. Box 286
Woodstown, New Jersey 08098-0286

APPLICATION FOR ZONING PERMIT

1. Name of Applicant: _____

2. Address of Applicant: _____
_____

3. Phone Number of Applicant: _____

4. Name & Address of Property Owner if different from that of applicant:
_____
_____
_____

5. Block & Lot Number: _____

6. Street Address of premises for which zoning permit is desired:
_____

7. State dimensions of principal building: _____

8. State dimensions of all accessory buildings: _____
_____

9. Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings:
_____
_____

10. State the reasons for application for a zoning permit: _____
_____
_____

11. Has the above premises been subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge? _____
_____

Date: _____ **Signature:** _____

Application Fee: $10.00	**Permit Fee:** **Farm Structures $15.00** **Residential/Accessory $20.00** **New Dwelling $50.00** **Non-Residential/Commercial $75.00**

APPLICATION SHALL BE ACCOMPANIED BY TWO (2) COPIES OF A SITE PLAN, DRAWN TO SCALE, SHOWING ANY EXISTING OR PROPOSED STRUCTURES.