CITY OF MARGATE CITY
ZONING PERMIT APPLICATION

OFFICE USE ONLY:
Date Submitted: _____
Zoning Control # ZA-_____
Zoning Permit # ZP-_____

PLEASE SUBMIT ALL APPLICATIONS TO THE CITY OF MARGATE BUILDING DEPARTMENT: 9001 WINCHESTER AVENUE

A ZONING PERMIT APPLICATION MUST INCLUDE THE FOLLOWING:

1) This completed application form with the application fee payable to the City of Margate.
2) Plot plan or survey marked to adequately depict the proposal.
3) Architectural plans and/or adequate details.
4) Copy of the Decision and Resolution and approved compliance plans for projects with prior planning approval.
5) Ensure every section of this form is completed. Incomplete forms will result in a denial of the application.
6) Note: Additional documentation may be requested by the Zoning Officer during the review process.

Fees: ◆ New/Major Construction (*): $300.00 ◆ All Others: $50.00

A. IDENTIFICATION: Block: _____ Lot: _____ Site Address: _____

Applicant Name: _____ Company: _____

Address: _____

Email Address: _____ Phone: _____

Property Owner: _____

Email Address: _____ Phone: _____

Current Use of Property: ☐Residential ☐Commercial ☐Mixed-Use Proposed Use: _____ Zoning District: _____

B. APPROVAL REQUEST: Check all that apply- ☐New ☐Replacement ☐Change

☐ New Construction (*)	☐ Garage	☐ Swimming Pool	☐ Elevator
☐ Home Elevation (*)	☐ Shed	☐ Hot Tub/Spa	☐ Generator
☐ Addition	☐ Fence	☐ Pergola/Trellis	☐ HVAC
☐ Alteration	☐ Outdoor Shower Enclosure	☐ Solar	☐ Tree Removal
☐ Deck/Porch/Patio	☐ Driveway/Parking Area	☐ EV Charger	☐ Tree Replacement
☐ Roof/Overhang	☐ Concrete	☐ Exterior Lighting	☐ Outdoor Dining/Retail
☐ Exterior Stairs/Landing	☐ Pavers	☐ Sign	☐ Other: _____

Does this request have Planning Board approval? ☐Yes or ☐No If yes: Approval Date _____ Resolution # _____

C. CERTIFICATION IN LIEU OF OATH: I certify that I have read this application, the information is correct, and I am the (authorized agent of) owner of the listed property. I agree to comply with the requirements of the Code of Margate City, Atlantic County, and the State of New Jersey.

➢ Applicant Signature _____ Date _____

PAYMENT: MUNICIPAL USE ONLY

Paid: _____ ☐Check ☐Cash ☐Credit Card Paid by: _____

Check/Receipt #: _____ Date: _____ Clerk: _____

ZONING REVIEW: MUNICIPAL USE ONLY

1) Date Received by Zoning _____ ☐ APPROVED ☐ DENIED DATE: _____ INITIAL: _____

Comments/Conditions: _____

_____

Authorization: _____ Date: _____

Roger D. McLarnon, Zoning Officer

2) 1ST REVISION: Received _____ ☐ APPROVED ☐ DENIED DATE: _____ INITIAL: _____

Comments/Conditions: _____

3) 2ND REVISION: Received _____ ☐ APPROVED ☐ DENIED DATE: _____ INITIAL: _____

Comments/Conditions: _____

***** THIS IS NOT A CONSTRUCTION PERMIT *****