Borough of Laurel Springs
723 West Atlantic Avenue
Laurel Springs, NJ 08021
Phone – 856-784-0500x14
dawn@laurelsprings-nj.com

APPLICATION FOR ZONING PERMIT

and review by Zoning Officer

#_____ **FEE $**_____

APPLICANT - Name: _____ Phone:_____

Applicant Address: _____ email: _____

Relationship to Property Owner: _____

PROPERTY OWNER - Name: _____ Phone:_____

Property Owner Address: _____ email:_____

PROPERTY LOCATION - Address:_____ Block:_____Lot:_____

Zoning Classification:_____ ☐ Single Family ☐ Multi Family Current Use:_____ Proposed use:_____

☐ **CHANGE OF EXISTING USE –** *Attach professional sketch plan. Show proposed use, modifications, trash and equipment storage, pedestrian and vehicle access, loading and unloading, parking, lighting and ADA requirements.*

☐ **NEW CONSTRUCTION-ONSITE OR PREBUILT–**Setbacks proposed ☐ Corner Lot: ____sq ft ☐ Inside Lot: ____sq ft
Distance from property lines: Front: _____feet/ Rear: _____feet/ Right: _____feet/ Left: _____feet
Percentage of ground coverage:_____ Height:_____ Frontage of Lot: _____ feet
Attach copy of Property Survey, showing all existing buildings ***with proposed construction and setback distances.***

☐ **FENCES –** ☐ Corner Lot ☐ Inside Lot Proposed Height:_____ Proposed material: _____
Distance from property lines: Front: _____feet/ Rear: _____feet/ Right: _____feet/ Left: _____feet
Attach copy of Property Survey, showing all existing buildings ***with proposed construction and setback distances.***

☐ **BREAKING CURBS FOR DRIVEWAY CONSTRUCTION §270-54 –** *Attach copy of Property Survey. Show proposed location, utility infrastructure and size of opening not to exceed 14 feet.*

☐ **SIGN –** Type of Sign:_____Method sign affixed:_____
Height: ___ Width: ___ Location: _____ *Attach drawing or graphic of proposed sign.*

☐ **HOME OCCUPATION PERMIT** – Please request and attach addendum.

☐ **NEW MERCANTILE LICENSE** – Proposed Use:_____ Current Use:_____
Parking Lighting:_____ # Parking Spaces: _____ ADA Compliance:_____

☐ **OTHER** – please explain request:_____

☝ **The above information is correct and I am responsible for misinformation or faulty measurements.**

✍ **Applicant's Signature:**_____ **Date:**_____

☐ This application has been examined and found to be in compliance with the Zoning Code of the Borough of Laurel Springs

☐ Other Permits/Approvals Required:_____

☐ This application has been rejected because of non-compliance with the Zoning Code of the Borough of Laurel Springs. Applicant may appeal the decision to the Joint Land Use Board for relief by contacting the Board Secretary for application procedures.

☐ This application has been referred to the Joint Land Use Board for interpretation of the Zoning Code

Zoning Officer Signature:_____ ***Date:***_____