



GIBBSBORO APPLICATION

ZONING PERMIT

Chapter 400 Zoning

Tel: 856-783-6655, ext. 107 Email: construction@gibbsborotownhall.com

FEE: \$25.00

Date of application: _____ Block: _____ Lot: _____

Application Number: _____ Owner: _____

Date of Permit: _____ Address: _____

Zoning District: _____ Telephone Number: _____

This is to certify that the above-described premises together with any building thereon, are used or proposed to be used for: _____

Proposed work to be: _____

Which is a:

___ Use permitted by Ordinance

___ Use permitted by variance approved on subject to any special conditions attached to the grant thereof.

Valid nonconforming use as established by:

___ Finding of the Zoning Board of adjustment

___ By the undersigned zoning officer on the basis of evidence supplied by applicant.

(Applicant must also provide a detailed statement of all aspects of the nonconforming use.)

Nonconforming structure on the premises by reason of insufficient:

___ Set-back

___ Other (specify)

Approved: ___ Not Approved: ___

Reason not approved: _____

Zoning Officer: