APPLICATION FOR ZONING PERMIT
MAURICE RIVER TOWNSHIP

590 MAIN ST, PO BOX 218, LEESBURG, NJ 08327
856-785-1120 ext. 132
Construction@mauricerivertwp.org

For Municipal Use

Received: _____/_____/_____

Fee Paid: $_____CK#_____
Cash / Credit Card

Permit No.#_____

WORK SITE INFORMATION

STREET ADDRESS OF PROPERTY: _____

BLOCK: _____ **LOT:** _____ **ZONE:** _____ **PINELANDS: YES / NO**

Acreage: _____ **Front:**_____**FT / L Side:**_____**FT / R Side:**_____**FT / Rear:**_____**FT**

Does this property have any prior applications to the Land Use Board: Yes / No

APPLICANT

Name: _____ **Phone #:** _____

Mailing Address: _____

E-Mail Address: _____

Name of Property Owner (if different than applicant):_____

SITE INFORMATION / PROPOSED PROJECT

Dimensions of principal building(i.e. house):_____

Dimensions of other existing accessory buildings: _____

Describe in detail the proposed project for this application: _____
_____
_____
_____

_____ **Date:** _____
APPLICANTS SIGNATURE

For Municipal Use

Are Taxes Current: Yes / No - Signature of Tax Collector:_____ **Date:** _____

Approved ( ) Denied ( ) Permit Issued: _____ / _____ / _____

Comments:_____

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