

Director of the Department of
Public Works, Parks, and Public Property

Paul Dougherty, Commissioner
Director of the Department
of Revenue & Finance

James Mulroy, Commissioner
Director of Public Safety
& Department of Public Affairs



Municipal Building
135 Haddon Avenue
Haddon Township, N.J. 08108

Tele: (856) 854-1176
Fax: (856) 854-8773
www.haddontwp.com

where community thrives

ZONING PERMIT APPLICATION

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL
REQUIRED INFORMATION IS SUPPLIED. IF APPROVED BELOW, THIS DOCUMENT
ALSO SERVES AS THE ZONING PERMIT.

Property Information

Block _____ Lot _____ Zoning District: _____ Is this a corner lot? Yes _____ No _____

Street Address: _____

Applicant/Owner Information

Applicant Name: _____ Applicant Address: _____

Property Owner Name (if different from above): _____

Property Owner Address (if different from above): _____

Applicant/Owner Telephone No.: _____ Cellular Phone No.: _____

Contractor Information

Contractor Name: _____ Contractor Address: _____

Contractor License #: _____ Contractor Main Telephone No.: _____

Nature of Work

Requested Use/Proposed Work (include dimensions of any proposed structure(s)):

Submitted by Applicant: Survey (11"x17" Minimum): _____ Grading Plan: _____

Proposed Setbacks: Front Yard: _____ Rear Yard: _____ Side Yard (Right): _____ Side Yard (Left): _____

Fences: Proposed Height _____ Does the fence enclose a pool? Yes _____ No _____

4. Outside Agency Approvals (attach copies):

_____ Haddon Township Planning/Zoning Board _____ NJDEP

_____ Camden County Planning Board _____ NJDOT

5. Authorization:

(Circle One Please): I am the Property Owner / Contractor/ Tenant / Other (specify _____) making this application. I certify that the owner of record has authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: _____ Print Name: _____ Date: _____

FOR TOWNSHIP USE ONLY:

Date Received: _____ Complete _____ *Incomplete: _____ Date Deemed Complete: _____

*Reason Incomplete: _____

Fee Paid/Amount: _____ Date Paid: _____ Cash/Check#: _____ Processed By: _____

TO BE COMPLETED BY TAX COLLECTOR:

_____ All property taxes due have been paid.

_____ All sewer and/or water utilities due have been paid.

_____ All assessments due have been paid.

_____ The following are delinquent: Property Taxes _____ Sewer/Water _____ Assessments _____

APPLICATION APPROVED:

This application has been examined and found to be **IN COMPLIANCE** with the Zoning Requirements of the Haddon Township Code and is hereby **APPROVED**. Zoning Permit #: _____

LEE PALO, ZONING OFFICER Date: _____

APPLICATION DENIED:

This application has been examined and is **DENIED** for **NON-COMPLIANCE** with the following Zoning Requirements of the Haddon Township Code:

LEE PALO, ZONING OFFICER Date: _____