

TOWNSHIP OF HADDON
10 REEVE AVENUE
HADDON TOWNSHIP, NJ 08108
856-833-6266

ZONING PERMIT APPLICATION

PLEASE NOTE: Incomplete Applications will not be processed until all required information is supplied

Property Information:

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

Street Address _____

Applicant's Name _____

Applicant's Address _____

Applicant's email address _____

Applicant's phone number _____

Property Owner's Name, if different from above _____

Property Owner's Address, if different from above _____

Contractor Name _____

Contractor's License # _____ Phone Number _____

Contractor's Address _____

Proposed Work _____

Submitted by Applicant: Survey _____ 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 _____

I am the Property Owner/Contractor/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 law's 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: _____

APPLICATION APPROVED

This application has been examined and found to be IN COMPLIANCE with the Zoning Requirements of the Township of Haddon 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 Zoning Requirements of the Township of Haddon code:

Reason for denial: _____

Lee Palo, Zoning Officer Date