

Stephen J. Murray
Zoning Administrative Officer
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DAILY OFFICE HOURS
8:00 A.M. TO 5:00 P.M.
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2400 Voorhees Town Center
Voorhees, NJ 08043

APPLICATION FOR ZONING CERTIFICATE OF CONFORMANCE

(PLEASE RETURN THIS FORM TO THE ZONING OFFICE WHEN ALL WORK IS COMPLETED)

DATE _____
OWNER _____ ZONING PERMIT _____
ADDRESS _____ BLOCK _____ LOT _____
PHONE NUMBER () _____
TENANT _____ CONTRACTOR _____
ADDRESS _____ ADDRESS _____
PHONE NUMBER () _____ PHONE NUMBER () _____
FAX NUMBER () _____ FAX NUMBER () _____
EMAIL WHERE CERTIFICATE OF CONFORMANCE TO BE SENT: _____
NAME OF DEVELOPMENT/SHOPPING CENTER _____
TYPE OF STRUCTURE CONSTRUCTED _____

FLOOR AREA _____ SF STRUCTURE/FENCE HEIGHT _____ FT
PROPOSED SETBACKS FROM PROPERTY LINES:
FRONT _____ FRONT _____ SIDE _____ SIDE _____ REAR _____
REVERSE FRONT SETBACK _____ LAKE SETBACK _____
GARAGE: FRONT ENTRANCE _____ FT SIDE ENTRANCE _____ FT
GARAGE: NUMBER OF CARS _____ SQUARE FOOTAGE (GARAGE) _____
OFF STREET PARKING SPACES _____ LOT COVERAGE _____ SF
INTERIOR LOT _____ CORNER LOT _____ LOT AREA _____ SF
PAVING: DRIVEWAY/PATIO/WALKWAY _____ SF DECK _____ SF PORCH _____ SF
LANDSCAPING REQUIRED FOR FENCING APPROVAL – YES or NO
OTHER _____

D.E.P. WETLAND APPROVAL REQUIRED YES NO

- COAH FEE _____ DATE PAID _____
- TWP. SEWER CONNECTION PERMIT NO. _____ DATE PAID _____
- TWP. TAXES PAID – TAX COLLECTOR'S SIGNATURE/DATE _____
- TWA PREPAID CONNECTION FEE – CFO SIGNATURE/DATE _____
- CCMUA SEWER PERMIT NO. _____ DATE PAID _____
- INSPECTION ESCROW ACCT. – ESCROW CLERK SIGNATURE/DATE _____
- MERCANTILE LICENSE – TWP. CLERK SIGNATURE/DATE _____
- BOARD OF HEALTH APPROVAL (IF APPLICABLE) _____ DATE _____
- FINAL ENGINEERING APPROVAL (IF APPLICABLE) _____ DATE _____

OWNER/AGENT SIGNATURE _____

ZONING OFFICE USE ONLY:

APPROVED _____ DENIED _____ DATE _____

DENIED FOR THE FOLLOWING REASONS: ARTICLE XV; SECTION _____

ZONING OFFICIAL'S SIGNATURE _____