ZONING ADMINISTRATION

Stephen J. Murray
Zoning Administrative Officer
Elaine D. Powell
Assistant Zoning Officer
Valerie Marchitto
Secretary

VOORHEES TOWNSHIP

www.voorheesnj.com

DAILY OFFICE HOURS
8:00 A.M. TO 5:00 P.M.
Office: 856-429-0647
Fax: 856-795-2335
2400 Voorhees Town Center
Voorhees, NJ 08043

APPLICATION FOR ZONING PERMIT

DATE_____
OWNER_____
ADDRESS_____ **BLOCK**_____ **LOT (S)**_____
PHONE NUMBER (_____)_____
TENANT_____ **CONTRACTOR**_____
ADDRESS_____ **ADDRESS**_____
PHONE NUMBER (_____)_____ **PHONE NUMBER (_____)**_____
FAX NUMBER (_____)_____ **FAX NUMBER (_____)**_____
EMAIL WHERE PERMIT/CERTIFICATE TO BE SENT:_____
NAME OF DEVELOPMENT_____
DO YOU HAVE AN ASSOCIATION THAT REQUIRES EXTERIOR APPROVAL – YES or NO
(IF YES, WE NEED A COPY OF THEIR APPROVAL LETTER)
EXISTING USE_____
PROPOSED USE/STRUCTURE (PLEASE DESCRIBE IN DETAIL)
_____
_____

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_____
CCMUA APPROVAL: DATE_____
BOARD OF HEALTH APPROVAL: DATE:_____
D.E.P. WETLAND APPROVAL REQUIRED ☐ **YES** ☐ **NO**

ACTION REQUIRED:
PLANNING BOARD ☐ **X**_____
ZONING BOARD ☐ **SIGNATURE OF APPLICANT**

ZONING OFFICE USE ONLY:	**Amount paid**_____
APPROVED_____	**Date paid**_____
ARTICLE_____**SECTION**_____	**Cash/Check#**_____
DENIED _____	**Initial**_____

REQUIRED FEES:
☐ **$60.00 ZONING PERMIT/CERTIFICATE OF CONFORMANCE**

NOTE: CHECK WITH THE CONSTRUCTION DEPARTMENT FOR THE PROCEDURES FOR THE ISSUANCE OF CONSTRUCTION PERMITS.

ZONING ADMINISTRATION

VOORHEES TOWNSHIP

TAX AND ASSESSMENT PAYMENT REPORT

DATE_____

SECTION I (to be completed by applicant)

I _____ of _____
NAME ADDRESS

am making an application for: (check type of application)

_____ License _____ _____ New _____ Renewal
(type)

PLANNING BOARD/ZONING BOARD OF ADJUSTMENT

_____ Conceptual Subdivision or Site Plan
_____ Minor Subdivision
_____ Preliminary Subdivision
_____ Final Subdivision
_____ Temporary Use Permit (Zoning)
_____ Appeal (Zoning)
_____ Interpretation (Zoning)

_____ Site Plan Waiver
_____ Minor Site Plan
_____ Preliminary Site Plan
_____ Final Site Plan
_____ Variance(s)
_____ Use Variance (Zoning)

Zoning Department

_____ Zoning Permit

_____ Certificate of Conformance

Block(s)_____ Lot(s)_____ Qual._____

Located at:_____.
(street)

Owner of Record:_____.

I request the Tax Collector to determine whether there are any delinquent taxes and/or assessments due.

DATE:_____ _____
Applicant's signature

(Take this portion over to the Tax Collector so to verify paid taxes)

SECTION II

I find that: ( ) All taxes due have been paid.
( ) All assessments due have been paid.
( ) The following are delinquent and past due.

_____
_____
_____ _____
Tax Collector