

ZONING ADMINISTRATION

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



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 SIGN 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/SHOPPING CENTER _____
*IF YOU ARE A TENANT, YOU MUST SUBMIT A LETTER FROM THE LANDLORD APPROVING
INSTALLATION AND LOCATION OF SIGN
EXISTING USE _____
PROPOSED SIGN (PLEASE DESCRIBE IN DETAIL) _____

NUMBER OF PROPOSED SIGNS: BUILDING/WALL _____ FREESTANDING _____
TOTAL BUILDING/WALL SIGN AREA _____ SF
TOTAL FREESTANDING SIGN AREA _____ SF
FREESTANDING SIGN HEIGHT (MAX. 20') _____ FT
FREESTANDING SIGN SETBACKS FROM PROPERTY LINES:
FRONT _____ FRONT _____ SIDE _____ SIDE _____

OTHER INFORMATION/DETAILS: _____

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 | _____ Site Plan Waiver |
| _____ Minor Subdivision | _____ Minor Site Plan |
| _____ Preliminary Subdivision | _____ Preliminary Site Plan |
| _____ Final Subdivision | _____ Final Site Plan |
| _____ Temporary Use Permit (Zoning) | _____ Variance(s) |
| _____ Appeal (Zoning) | _____ Use Variance (Zoning) |
| _____ Interpretation (Zoning) | |

Zoning Department

_____ Zoning Permit _____ Certificate of Conformance

Block(s) _____ Lot(s) _____ Zone _____

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