



Borough of Laurel Springs

723 West Atlantic Avenue

Laurel Springs, NJ 08021

APPLICATION FOR ZONING PERMIT

and review by Zoning Officer

Phone – 856-784-0500

dawn@laurelsprings-nj.com

FEE \$ _____

APPLICANT - Name: _____ Phone: _____

Applicant Address: _____ email: _____

Relationship to Property Owner: _____

PROPERTY OWNER - Name: _____ Phone: _____

Property Owner Address: _____ email: _____

PROPERTY LOCATION - Address: _____ Block: _____ Lot: _____

Zoning Classification: _____ Current Use: _____ Proposed use: _____

EXISTING STRUCTURES/CHANGE OF USE – Attach a sketch plan showing proposed interior modifications, including plan for storage and retail use, pedestrian access, loading and unloading, parking with lighting and ADA requirements.

NEW CONSTRUCTION – Setbacks for proposed construction Corner Lot: _____ sq. ft. Inside Lot: _____ sq. ft.

Front: _____ feet Rear: _____ feet Right Side: _____ feet Left Side: _____ feet

Percentage of ground coverage: _____ Height: _____ Frontage of Lot: _____ feet

Survey and sketch plan with proposed interior modifications must be submitted with application, showing all existing buildings along with proposed construction and setbacks.

PROPOSED FENCE – Corner Lot Inside Lot Fence Height: _____ Type of fence material: _____

Location: Front: _____ feet Rear: _____ feet Right Side: _____ feet Left Side: _____ feet

Survey and sketch plan with proposed modifications must be submitted with application, showing all existing buildings along with proposed construction and setbacks.

SIGN – Type of Sign: _____ Method sign affixed: _____

Height: _____ Width: _____ Location: _____ Attach drawing or graphic of proposed sign.

HOME OCCUPATION PERMIT – Please request and attach addendum.

NEW MERCANTILE LICENSE – Proposed Use: _____ Current Use: _____

Parking Lighting: _____ # Parking Spaces: _____ ADA Compliance: _____

OTHER – please explain request: _____

☺ The above information is correct and I am responsible for misinformation or faulty measurements.

✍ Applicant's Signature: _____ Date: _____

This application has been examined and found to be in compliance with the Zoning Code of the Borough of Laurel Springs

Other Permits/Approvals Required: _____

This application has been rejected because of non-compliance with the Zoning Code of the Borough of Laurel Springs. Applicant may appeal the decision to the Joint Land Use Board for relief by contacting the Board Secretary for application procedures.

This application has been referred to the Joint Land Use Board for interpretation of the Zoning Code

Zoning Officer Signature: _____ **Date:** _____