

North Hanover Township

Zoning Permit Application

Application Fee: \$25.00

Block: Lot: Qualifier:	Zone:
Work Site Address:	
Applicant: Phone: ()	
Are you the Owner of the Property? Yes No	
Owner's Address:	
Description of Work:	
Prior Variance(s): Yes No Resolution #:	
Project Information:	
Fence	
о Туре:	
• Dimensions: L: H:	
• Is the fence enclosing a pool or replacing a fence around a pool?	/es No
 Above Ground In Ground 	
 Dimensions: L:W:Depth: 	
 Shed Prefab Other: 	
	from grade to peak.

🗆 Ga	rage	/Pole Building
	0	Use:
	0	Dimensions: L: W: H: *Height is from grade to peak.
🗆 Ne	ew Ho	ome
	0	Single Family Multi-Family Homestead
	0	Number of Bedrooms:
🗆 Ad	lditio	n
	0	Use:
	0	Number of Bedrooms:
🗆 Ot	her:_	
	0	Use:
	0	Dimensions: L: W: H: *Height is from grade to peak.
🗆 Us	e:	
	0	Proposed Use:
	0	Existing Use:
ALL proper	rty liı	ication must be accompanied by a survey copy. The survey must show setbacks from nes to the proposed structure. Distance must be in feet. Survey must show all he property and their square footage.
-		rerage (prevents water from passing through i.e. all structures, sidewalks, paved driveways, crete patios, pavers set in cement.)
Existing Lo	t Cov	veragesq.ft. + Proposed Lot Coveragesq.ft.= Total sq.ft

Total sq.ft	/Lot size:	sq.ft=	x100=	%				
I hereby certify that I am the o	wner in fee of the above pro	perty or the agent of the owner	with the owner's authorization	to make				
application on his/her behalf for the proposed work. I certify that to the best of my knowledge the information I provided both on this								
application and the supporting documentation are true and accurate. I also understand that I if my project disturbs 500 square feet or n								
of land, I am subject to a Residential Lot Grading Plan Review as stated in Ordinance 2007-08. If the Zoning Officer determines a formal grading plan need not be submitted, I, the applicant, fully understand that I am responsible to follow the rules, regulations and standards for								
		oning, construction and from oth	ner agencies must be obtained	before the start of				
work. I agree to comply with a	Il zoning, land use, and safet	y requirements in effect.						
Owner in fee:								
Signature:		_Print:	I	Date:				
*******	*****	*Office Use Only******	*****	****				
cck/cash:		Date received:						
H Approval Received:								
ing Application: Approved_								
No: Lot Grad	ing Plan Review Waived	in accordance with Ordina	ance 2007-08					

Instructions

matractions for thing

- ✤ Please include a survey with your application.
- Survey should include:
 - Location of all structures on the property
 - The square footage of all existing and proposed structures on the property
 - Location of well showing setbacks to proposed structure
 - Location of septic showing setback to proposed structure
 - Property boundary lines
 - Setback measurements (in feet) to all property lines for the proposed structure
- ★ As of October 14, 2005, any existing dwelling with well and septic which applies for a permit for an outside improvement must seek approval from the Burlington County Health Department by calling 609-265-5548. Health Department approval for well and septic properties is required to ensure there are no encroachments and/or conflicts with the well/septic systems.
- ♦ \$25.00 Application fee is due at time of application. All fees are non- refundable
- Please allow 10 days for the application to be processed.

When Burlington County Board of Health approvals are needed, please send a survey showing the well, septic, current and proposed primary buildings and all accessory buildings on the property, showing the distance from the well and septic. Please also include:

- What the project is
- Name
- Physical address
- Mailing address
- Block and Lot

Contact information for the Burlington County Board of Health: 15 Pioneer Blvd, Westampton PO Box 6000 Mt. Holly Tel: 609-265-5548 Fax: 609-265-5541