



**Mount Laurel Township  
Community Development  
Zoning Department**

**Application for Zoning Permit**

DATE :

Is this an update to a previously submitted application?  Yes  No Permit #

<b>BLOCK</b>	<b>LOT</b>	<b>QUALIFER</b>	<b>ZONE</b>
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**EMAIL ADDRESS IS REQUIRED :**

Work Site Location

Property Owner	Phone #
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Address of Owner

Current Existing Use	Proposed Use (Be Specific)
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Description of Work

*I hereby certify that the proposed work is authorized by the owner on record, and that I have been authorized by the owner to make this application, As his / her agent, and I/we agree to conform to all applicable laws of Mount Laurel Township.*

Signature	Address	Telephone	Fax
X _____			

Print Name / Title	Company Name	<input type="checkbox"/> Agent	<input type="checkbox"/> Owner
		<input type="checkbox"/> Attorney	<input type="checkbox"/> Management Co

**SUBMITTED WITH**  (3) Three copies of survey / plot plan showing existing buildings and proposed structure change **(AN UNREDUCED COPY)**  
**THIS APPLICATION**  (1) One copy of Homeowners Association approval (If Required)

Site Plan Waiver # Zoning Application part of a Construction Permit Application?  Yes  No

<input type="checkbox"/> Corner Lot <input type="checkbox"/> Inside Lot	Variance Approval Date	File #
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<b>SETBACKS</b>	Front:	Rear:	Smallest Side:	Aggregate:
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<b>GROUND FLOOR AREA</b>	Existing:	Proposed:	Total:
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Square Footage of Lot:	Percentage of Lot Covered w/Buildings:	Height:
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<b>SWIMMING POOL DISTANCE</b>	Foundation Wall:	Side:	Rear:	Fence:
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<b>FENCING</b>	Type:	Height:	Location:
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APPLICATION #	This Application is :	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> DENIED
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CONSTRUCTION #	<b>Application Fee \$55 (money order/ Check)</b>		
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<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check #	
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	Zoning Officer Signature
	x _____