



**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 #

Address of Owner

Current Existing Use Proposed Use (Be Specific)

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 X _____	Address	Telephone	Fax
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Print Name / Title	Company Name	<input type="checkbox"/> Agent <input type="checkbox"/> Owner
		<input type="checkbox"/> Attorney <input type="checkbox"/> Management Co

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

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

Corner Lot  Inside Lot Variance Approval Date File #

**SETBACKS** Front: Rear: Smallest Side: Aggregate:

**GROUND FLOOR AREA** Existing: Proposed: Total:

Square Footage of Lot: Percentage of Lot Covered w/Buildings: Height:

**SWIMMING POOL DISTANCE** Foundation Wall: Side: Rear: Fence:

**FENCING** Type: Height: Location:

APPLICATION # This Application is :  APPROVED  DENIED  DENIED

CONSTRUCTION # **Application Fee \$55 (money order/ Check)**

Cash  Check Check #

Zoning Officer Signature X \_\_\_\_\_