

CITY OF VINELAND ZONING PERMIT APPLICATION FOR RESIDENTIAL & AGRICULTURAL USES

Zoning Office (856) 794-4113 pfinley@vinelandcity.org

Revised 11/7/2011

A Zoning Permit must be obtained prior to any construction, alteration, addition, or change of use. This application must be filled out completely, and submitted along with three copies of a Plot Plan. Plot Plan must show the dimensions of the lot and all EXISTING structures and the size and location of all PROPOSED structures. All structures shall have all dimensions to the property lines shown. All street frontages must be identified, along with any easements to the property. The counting of days for issuance of a zoning permit does not begin until the application is deemed complete by the Zoning Officer. An incomplete application is cause for denial.

NOTE: ZONING PERMIT IS NOT VALID UNTIL ALL CONDITIONS SET FORTH IN ZONING PERMIT HAVE BEEN SATISFIED.

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PLEASE PRINT LEGIBLY

Location: \_\_\_\_\_ Block: \_\_\_\_\_ Lot \_\_\_\_\_ Q \_\_\_\_\_

Subdivision: \_\_\_\_\_

Owner: \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Phone: (\_\_\_\_\_) \_\_\_\_\_ Owner email: \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Phone: (\_\_\_\_\_) \_\_\_\_\_ Applicant email: \_\_\_\_\_

Contact Person  Owner  Applicant

1. Is this a Corner Lot?  YES  NO If yes, list intersecting street \_\_\_\_\_ Cul-de-Sac Lot?  YES  NO

2. Is there any Commercial or Business activity on this property?  YES  NO If "YES", explain: \_\_\_\_\_

3. Is lot serviced by public sewer?  Yes  No

4. Total number of EXISTING Dwelling Units or Families living on this property \_\_\_\_\_. PROPOSED Total \_\_\_\_\_

5. The EXISTING STRUCTURES & USE of the property is ("X" all blocks that apply):

- Vacant Land  Single Family Dwelling  Two Family Dwelling  Accessory Apartment  Storage Shed  Above Ground Pool
 Inground Pool  Farm  Attached Garage  Detached Garage - Size \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High
 Attached Carport  Detached Carport - Size \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High
 Other Structures, Uses, Buildings \_\_\_\_\_

6. The PROPOSED change or construction for this property is ("X" all blocks that apply):

Construct Dwelling \_\_\_\_\_ Sq. Ft. x \_\_\_\_\_ High  Single Family or  \_\_\_\_\_ Family (Insert # of units)

Will proposed dwelling have a finished basement?  Yes  No If "Yes", 3 copies of a floor plan showing before and after views indicating size and labeling of all rooms must be provided. List use of each proposed room: \_\_\_\_\_

Will an accessory apartment, as defined in the Land Use Ordinance, be located within proposed dwelling?  Yes  No If yes, you must complete "Statement of Use for An Accessory Apartment" Form and provide 3 copies of before and after floor plan indicating size of each room and & labeling the use of all rooms..

Construct Addition \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High Use: \_\_\_\_\_

Construct Swimming Pool \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  Above Ground  Inground

Construct Residential Storage Shed \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High  Wood  Metal NOTE: Maximum Permitted Size is 200 SF)

Construct Garage -  Attached  Detached \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High Will garage have 2nd story?  Yes  No
If "Yes", state use of 2nd story area: \_\_\_\_\_

Construct Carport -  Attached  Detached \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High

Construct Deck -  Attached or "next to" dwelling  Detached \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ High

Interior Renovations or Remodeling with NO change in "Footprint" Describe: \_\_\_\_\_

Repair Fire Damage of \$ \_\_\_\_\_ Value -- with No change in "Foot Print"

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6. (continued) The PROPOSED change or construction for this property is ("X" all blocks that apply):

Create accessory apartment, as defined in the Land Use Ordinance, within dwelling. You must complete the "Statement of Use for An Accessory Apartment" Form and provide 3 copies of before and after floor plan indicating size of each room and labeling use of all rooms..

Other \_\_\_\_\_

7. Has the proposed activity been approved by the Planning or Zoning Board or Redevelopment Authority  Yes  No

If Yes,  Planning Board  Zoning Board Date: \_\_\_\_\_ Redevelopment Authority Date: \_\_\_\_\_

Note: A copy of the Planning, Zoning Board Resolution and Redevelopment Authority Approval MUST accompany this application.

8. Will project be built EXACTLY as the Approved Site Plan or Plot Plan submitted shows?  Yes  No

If "NO", explain: \_\_\_\_\_

I hereby certify that the information above is accurate, and supplied to the Zoning Officer knowing that he will rely on the accuracy of same, and also knowing that failure to be truthful could result in a violation.

Applicant \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature) Date \_\_\_\_\_

(OFFICE USE ONLY)

ZONING PERMIT ONLY \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Time Rec'd: \_\_\_\_\_ Rec'd by \_\_\_\_\_ Date Deemed:  Complete \_\_\_\_\_ By \_\_\_\_\_

Date Deemed:  Incomplete \_\_\_\_\_ By \_\_\_\_\_ (see comments) Re-Submission Date: \_\_\_\_\_ Time \_\_\_\_\_

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_ Date Denied: \_\_\_\_\_ By: \_\_\_\_\_ (see comments) Type Variance \_\_\_\_\_

ZONE: \_\_\_\_\_ PERMIT # \_\_\_\_\_ USE GROUP \_\_\_\_\_  PERMIT  SHED/POOL  CERT  PRINCIPAL  ACCESSORY

BLOCK(s)  1  2  3  4  a  b  c  d  e  f  g PERMIT NOT REQ'D \_\_\_\_\_

COMMENTS: \_\_\_\_\_  See reverse side for additional comments

FEE PAID: \$ \_\_\_\_\_  CASH  CHECK # \_\_\_\_\_ DATE FEE DEPOSITED: \_\_\_\_\_