

CITY OF VINELAND

640 EAST WOOD ST VINELAND, NJ 08360 LICENSEANDINSPECTION@VINELANDCITY.ORG

CITY OF VINELAND ZONING PERMIT APPLICATION FOR BUSINESS and COMMERCIAL USES Zoning Office (856) 794-4113 pfinley @vinelandcity.org Revised 12/20/23

ed 12/20/23 Check of

FEE: \$47.00 Check or Money Order Only

A Zoning Permit must be obtained prior to any construction, alteration, addition, or change of use. This application must be filled out <u>completely</u>, and submitted along with three copies of a Plot Plan. The Plot Plan must show the dimensions of the lot and <u>all EXISTING</u> structures and the size and location of <u>all PROPOSED</u> 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 of a zoning permit.

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

PLEASE PRINT LEGIBLY

Location:		Block:	Lot:
	Address:		
Applicant	Address:		Phone
	icant Email Address:		
1. Describe ALL EXISTING Commercia	al/Business Uses or Activities on this site (i.e.: glass	factory, used car lot, gro	cery store, etc.):
2. Describe <u>in detail</u> the <u>PROPOSED</u> U	Use or Activity on this site (attach a written stateme	ent of use if necessary.	
			D. D.
	proved by the Planning or Zoning Boards or the Rec		
_	Board Date: Site Plan A	Approval? Yes N	lo
	Approval Date:		
attached to this application.	the Planning or Zoning Board Resolution, approved CE FOR PROJECTS WITH BOARD APPROVED SITE P		
<u> </u>	less a memorandum from the Planning Division, reld by the Zoning Office. Obtaining & attaching the Pocess.		* *
4. Current number of Employees?	Proposed? Current Parking Spac	es? Proposed	d?
5. Are there any Dwelling Units on sit	te? Yes No How Many? Where?		
6. Check the appropriate box or boxe	es for the PROPOSED activity, construction or altera	tion:	
☐ Construct ☐ Building or ☐ Addi	ition x x x	(Height) @	SF Number of Stories:
Other construction or alteration			
☐ Interior Renovations – Tenant Fit-	Up for (Name/Occupation)		
Renovations – <u>No</u> change in Use o	or Footprint.		
Renovations – <u>Use Change</u> , No Fo	otprint change.	:	
☐ Change of Use or Establish Use of	property, as described above, without Renovations	s, Alterations or Construc	ction.



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Date: App	olicant's Name		
		(Print)	(Signature)
Date Received:	Received by: _		
Date Deemed: Complete	Ву:		
incomplete	Ву:		(see comments)
Re-Submission Date:	Tīme:		
Date Approved:	By: Date Denied:	Ву:	(see comments) Type Variance
Planning Review (w/o Site Plan) by: _	Date_	Releas	se? YES NO See comments
Zone: Permit #	Use Group:	Permit	Principal Accessory
Block(s)		·	ZONING PERMIT ONLY
See reverse side for additional co			DATE OF DEPOSIT: