



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

CITY OF VINELAND ZONING PERMIT APPLICATION FOR RESIDENTIAL & AGRICULTURAL USES

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

Revised 1/05/26

PAYMENTS ARE MADE BY CHECK OR MONEY ORDER FEE: \$77

FEE: \$38.50 FOR RESIDENTIAL SHED (less than 200 SF)/Pool

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.

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 proposed use of each proposed room: _____

Will an accessory apartment, as defined in the Land Use Ordinance, be located within the proposed dwelling? Yes No If yes, you must complete the "Statement of Use for An Accessory Apartment" Form & provide 3 copies of before and after floor plan indicating size & labeling 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 Max Size (R1-2, 200 sf), (R3-6, 300 sf), (Ag & Wood, 400 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"

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 and labeling of all rooms..

Other _____



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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 _____ Date _____
(Print) (Signature)

(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 # _____ UE 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: \$ _____ CHECK M.O # _____ DATE FEE DEPOSITED: _____