



BOROUGH OF WOODSTOWN

P.O. Box 286

Woodstown, New Jersey 08098-0286

APPLICATION FOR ZONING PERMIT

1. Name of Applicant: _____
2. Address of Applicant: _____

3. Phone Number of Applicant: _____
4. Name & Address of Property Owner if different from that of applicant:

5. Block & Lot Number: _____
6. Street Address of premises for which zoning permit is desired:

7. State dimensions of principal building: _____
8. State dimensions of all accessory buildings: _____

9. Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings:

10. State the reasons for application for a zoning permit: _____

11. Has the above premises been subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge? _____

Date: _____

Signature: _____

Application Fee: \$10.00	Permit Fee:
	Farm Structures \$15.00
	Residential/Accessory \$20.00
	New Dwelling \$50.00
	Non-Residential/Commercial \$75.00

APPLICATION SHALL BE ACCOMPANIED BY TWO (2) COPIES OF A SITE PLAN, DRAWN TO SCALE, SHOWING ANY EXISTING OR PROPOSED STRUCTURES.