



DEPARTMENT OF PLANNING, ZONING & CODE ENFORCEMENT

49 Union Street • Medford • NJ 08055

• PHONE: 609/654-2608 x315 • FAX: 609/714-1790

CHECKLIST OF THE SUBMISSION OF A RESIDENTIAL ZONING PERMIT**

- _____ Completed zoning permit application. The application shall be completely filled out and **signed by both applicant and owner** (if applicable).

- _____ One (1) copy of the survey/plot plan with **proposal drawn to scale with the distances marked to the property lines and the house**. **Note:** The survey must be a true and accurate representation of what currently exists and what is proposed. Homeowner must sign an affidavit on survey.

- _____ Completed Homeowners Association Courtesy Notice/Approval. (Must be signed by the Homeowners & Homeowners Association)

- _____ Completed Building & Lot Coverage Worksheet.

- _____ If approval has been granted by the Planning and Zoning Board, submit a copy of the Resolution. (If available)

- _____ One (1) set of elevation drawings for additions, new dwellings, etc.

- _____ Appropriate Zoning Permit Fees. Check the fee schedule.

- _____ If the property has a **SEPTIC SYSTEM**, the proposed project must be submitted to the Burlington County Board of Health for review and approval.



ZONING PERMIT APPLICATION

DEPARTMENT OF PLANNING & ZONING
49 UNION STREET / MEDFORD, NJ 08055
Phone: (609) 654-2608 x315

1) BLOCK # _____ LOT # _____ ZONING DISTRICT _____ AGE OF PROPERTY: _____

2) ADDRESS/LOCATION OF WORK: _____

3) PROPERTY OWNER'S NAME: _____

ADDRESS: _____

DAY PHONE #: _____ EMAIL: _____

Signature: _____ Print Name: _____ Date: _____

4) APPLICANT'S NAME: (If different from Property Owner) _____

DAY PHONE #: _____ EMAIL: _____

Signature: _____ Print Name: _____ Date: _____

5) CONTRACTOR/COMPANY: _____ Contact Person: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

Signature: _____ Print Name: _____ Date: _____

6) PROPOSED USE: COMMERCIAL/RESIDENTIAL; IF COMMERCIAL, SPECIFIC TYPE OF BUSINESS:

7) NEW CONSTRUCTION _____ CHANGE OF USE/TENANT _____
IMPROVEMENT (i.e., Pool, Addition, Shed, Fence) _____ (Check one)

8) DESCRIPTION OF IMPROVEMENT(S): _____

WILL THIS REQUIRE REMOVAL OF TREES? _____ IF SO, HOW MANY? _____

*****INDICATE ON SURVEY LOCATION OF TREES TO BE REMOVED*****

9) PROPOSED SETBACKS: Front _____ Rear _____ Right Side _____ Left Side _____

10) FOR FENCES: Height (front yard) _____ (side yard) _____ (rear yard) _____

Material: check one: Wood _____ Vinyl _____ Chain-link _____ Other (list) _____

Will fence enclose a pool? Yes _____ No _____ (If yes, you must see the Construction Dept.)

ZONING PERMIT APPLICATION (Page 2)

11) UTILITIES (Check all that apply): *Septic _____ Well _____ Public Sewer _____ Public Water _____

BE ADVISED A LETTER FROM BURLINGTON COUNTY HEALTH DEPARTMENT PROPERTIES WITH SEPTIC MAY BE REQUIRED.

12) IS THIS PROPERTY GOVERNED BY A HOMEOWNER ASSOCIATION (INC., COLONY CLUB, CIVIC ASSOCIATION PER SECTION 605 OF ORDINANCE 1992-1(2) Yes _____ No _____

IF YES, PLEASE INCLUDE THE HOMEOWNER ASSOCIATION COURTESY LETTER FROM AN OFFICER OF THE ABOVE ASSOCIATION APPROVING THE PROPOSED PROJECT IN QUESTION # 7 ABOVE.

13) HAS A VARIANCE EVER BEEN GRANTED FOR THIS PROPERTY Yes _____ No _____

THIS APPLICATION SHALL INCLUDE ONE (1) COPY OF A PLOT PLAN OR NJ LICENSED LAND SURVEY IF AVAILABLE, CLEARLY DETAILED SHOWING ALL EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, SETBACKS, AND RECORDED EASEMENTS. (IN CERTAIN SITUATIONS A NJ LICENSED LAND SURVEY MAY BE REQUIRED)

ALL INFORMATION SUPPLIED HEREIN IS CONSIDERED TO BE MATERIAL FACTS, AND MISREPRESENTATIONS SHALL BE SUFFICIENT CAUSE FOR DENIAL OF THIS APPLICATION OF REVOCATION OF ANY PERMIT(S) PREVIOUSLY ISSUED.

PLEASE NOTE: PURSUANT TO NJ STATE STATUE SECTION 40:55-18 THE ZONING OFFICIAL HAS TEN (10) BUSINESS DAYS TO RESPOND TO YOUR APPLICATION.

FOR OFFICE USE ONLY

Proposed Project was approved by: Zoning Board _____ Planning Board _____ Other (specify) _____

Application # _____ Approval Date _____ Memorialization # _____

Cash _____ Check # _____ Amount _____ Zoning Control # _____ Initials: _____ Date: _____

Taxes paid Y / N

Reviewed By: _____ Date: _____ Approved _____ Denied _____ Zoning Permit # _____

Send to Construction: Yes No

Description/Notes:



DEPARTMENT OF PLANNING & ZONING

COURTESY NOTICE
FOR
HOMEOWNER ASSOCIATIONS

The purpose of this notice is to provide information to Homeowners Associations regarding proposed development or construction applications within a planned development and/or subdivision to ensure the application is consistent with all HOA deed restrictions, restrictive covenants and by-laws.

This form is to be filled out by the Applicant as part of a complete application and approved by Homeowner Association when applicable.

Property Identification:

Applicant:
Owner, if not same as Applicant:
Address or Applicant:
Phone Number or Email Address of Applicant:
Address of Work Site:
Block and Lot Number:

This property is subject to the rules/restrictions of the following Association:

Describe the proposed development/improvement:

Has the proposed improvement been reviewed with the Association?

Does the improvement involve the removal of trees? Yes No a) >2" b) <4"

If a lake front lot is involved, how close is the improvement to the lake? feet

Does the improvement involve an existing buffer/easement of any type?

Applicant's Signature

Applicant's Name (Printed)

Date

HOA Representative Signature

Representative's Name (Printed)

Date



Building and Lot Coverage Worksheet

Department of Planning & Zoning

Block: _____ Lot: _____ Zoning District: _____

		Acreage	Square Feet
1	Lot size (multiply acreage by 43,560 to get square feet)		

BUILDING COVERAGE		Dimensions	Square Feet
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Existing			
2	House		
3	Attached garage		
4	Attached deck OR Attached patio		
5	Other attached		
6	Total existing building cover (add lines 2 thru 5)		<input type="text"/>
7	Total % of existing building cover (line 6 divided by square feet in line 1 multiply 100)		<input type="text"/>

Proposed Addition to House (Identify structure, e.g., addition, deck, attached garage, etc.)

8			
9			
10			
11	Total proposed building cover (add lines 8 thru 10)		<input type="text"/>
12	Total Building Cover in square feet - existing and proposed (add line 6 plus line 11)		<input type="text"/>
13	Total % of Building Cover (line 12 divided by square feet in line 1 then multiply by 100)		<input type="text"/>
14	Total % Building coverage permitted (from Planning and Zoning Staff)		<input type="text"/>

LOT COVERAGE		Dimensions	Square Feet
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Existing			
15	Building cover from line 6		
16	Driveway (including stone, pavers, etc.)		
17	Sidewalks, paver patios, etc.		
18	Detached garage(s)		
19	Detached Deck(s)		
20	Shed(s) or other accessory buildings		
21	Pools, including surrounding concrete deck		
22	Other (Gazebos, etc)		
23	Total existing lot cover (add lines 15 thru 22)		<input type="text"/>
24	Total % of existing lot cover (line 23 divided by square feet in line 1 then multiply by 100)		<input type="text"/>

Proposed (Identify structure, e.g., patio, driveway, pool, shed, garage, etc.)

25	Building Cover from line 11		
26			
27			
28			
29	Total proposed lot cover (add lines 25 thru 28)		<input type="text"/>
30	Total cover in square feet - existing and proposed (add line 23 plus 29)		<input type="text"/>
31	Total % Lot cover (line 30 divided by square feet in line 1 then multiply by 100)		<input type="text"/>
32	Total % Lot coverage permitted (from Planning and Zoning Staff)		<input type="text"/>



SEPTIC SYSTEM ADDITION OR CHANGE OF USE APPLICATION

Name of Property Owner: _____

Mailing Address: _____

Township: _____

Block and Lot of
Property: _____

Phone Number: _____

Email: _____

Explain in writing what your proposed project or addition will be:

Number of bedrooms before addition: _____

Number of bedrooms after addition: _____

Site plan of the property must be included with application showing the following information:

- Location and dimensions of proposed project
- Location of all septic system components (septic tank and septic field location must be included)
- Distance of septic systems components to proposed project
- Location of well (if applicable)
- Distances between the proposed project and all components of septic system and well (if applicable) must be included

COMPLETED APPLICATION AND SKETCH CAN BE SUBMITTED TO BCHD@CO.BURLINGTON.NJ.US

Contact 609-265-5515 with questions on application submission

ZONING PERMIT FEES

§901. Fees

A. Every application for development shall be accompanied by a check payable to the Township of Medford in accordance with the following schedule:

17. Zoning Permit	Application Fee	Escrow Account
(a) New Construction: 1 or 2 Family Dwelling Unit	\$100	
(b) New Construction: Multiple Dwelling Building	\$200	
(c) Additions or rehabilitation of fences, sheds, above ground pools, or any other structure and residential improvements requiring issuance of a zoning permit	\$ 50	\$500 *
(d) Inground Pools (includes pool grading plan) 2 copies	\$150	
(e) Non-residential development	\$250	\$750 *
(f) Change of Tenant	\$ 75	
(g) Sign and/or Refacing Permit	\$100 per sign	

* If Engineering or Planning review is determined to be required by the Zoning Officer.