

**TOWNSHIP OF PILESGROVE  
ZONING PERMIT APPLICATION**

**1) PERMIT REQUESTED FOR:**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_ # BEDROOMS: \_\_\_\_\_

STREET: \_\_\_\_\_

**2) APPLICANT:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CERTIFICATION IN LIEU OF OATH:**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

\_\_\_\_\_  
Signature

ZONING OFFICE USE ONLY

**FEE: \$** \_\_\_\_\_ **CASH:**  **CHECK # :** \_\_\_\_\_

**COLLECTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED:**  **DENIED:**  **PERMIT #:** \_\_\_\_\_

\_\_\_\_\_  
**KASEY CARMER**  
**ZONING OFFICER**

\_\_\_\_\_  
**DATE**

3) **OWNER:** SAME AS APPLICANT  APPLICANT IS NOT THE OWNER OF THE PROPERTY

**IF NOT THE CURRENT OWNER OF THE PROPERTY, THE ATTACHED AFFIDAVIT OF OWNERSHIP MUST BE COMPLETED, NOTARIZED AND SUBMITTED WITH THE ZONING APPLICATION.**

NAME: \_\_\_\_\_

STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

4) **DETAILED DESCRIPTION (INCLUDE ALL DIMENSIONS) OF PROPOSED IMPROVEMENTS & INTENDED USE (e.g. DECK 10' X 10' X 2' H FOR RECREATIONAL USE), IF A COMMERCIAL USE, PROVIDE SPECIFIC DETAIL ON THE TYPE OF BUSINESS, USE OF THE BUILDING AND PARKING. USE ADDITIONAL SHEET IF NECESSARY:**

\_\_\_\_\_  
\_\_\_\_\_

5) **HAS A VARIANCE EVER BEEN ISSUED FOR THIS PROPERTY?** YES:  NO:

IF YES, INCLUDE APPROVED SITE PLAN AND/OR PLANNING BOARD RESOLUTION

6) **IS THIS PROPERTY GOVERNED BY A HOME OWNERS ASSOCIATION?**

YES  NO:

IF YES, PLEASE INCLUDE A NOTARIZED LETTER FROM AN OFFICER OF THE ASSOCIATION APPROVING THE PROJECT PROPOSED IN QUESTION #4 ABOVE.

**THIS APPLICATION SHALL INCLUDE 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 NEW JERSEY LICENSED LAND SURVEY MAY BE REQUIRED.**

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

***PLEASE NOTE: PURSUANT TO NEW JERSEY STATE STATUTE SECTION 40:55-18, THE ZONING OFFICIAL HAS TEN (10) BUSINESS DAYS TO RESPOND TO YOUR APPLICATION.***

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**IN THE MATTER OF THE APPLICATION  
FOR A ZONING PERMIT  
TO THE TOWNSHIP OF PILESGROVE**

STATE OF NEW JERSEY }

AFFIDAVIT OF OWNERSHIP

COUNTY OF SALEM }

I/We \_\_\_\_\_ being of full age, being duly sworn, upon their oath, depose and say:

I/We are the owners of Block \_\_\_\_\_, Lot \_\_\_\_\_ on the Pilesgrove Township Tax Map, in The County of Salem, and the State of New Jersey, and consent to a zoning permit application dated \_\_\_\_\_, submitted by \_\_\_\_\_ for a \_\_\_\_\_ on the above captioned property.

By: \_\_\_\_\_

By: \_\_\_\_\_

Sworn and subscribed to before me  
This \_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Township of Pilesgrove, Zoning Permit Application  
1180 Route 40, Pilesgrove, NJ 08098  
Office (856) 769-4814, Fax (856) 769-5490  
[www.pilesgrovenj.org](http://www.pilesgrovenj.org)