



THE BOROUGH OF COLLINGSWOOD

Zoning Department

678 Haddon Avenue - Collingswood, NJ 08108

Phone (856) 854-0720, Ext. 130; Fax (856) 854-0632

Fees: \$50 Commercial ZA & \$35 Residential ZA

ZONING PERMIT APPLICATION FORM

***A SURVEY THAT IS TO SCALE & ACCURATE TO THE CURRENT CONDITIONS ON THE PROPERTY (SHEDS, POOLS, DRIVEWAYS ETC) ALONG WITH THE PROPOSED CONSTRUCTION MUST BE SUBMITTED WITH THE APPLICATION. ***

ADDRESS: _____ BLOCK: _____ LOT: _____
ZONE: _____ QUALIFIER: _____ Commercial - Fee: \$50.00 RESIDENTIAL- Fee: \$35.00

EXISTING USE: _____

DESCRIPTION OF PROPOSED USE, IMPROVEMENTS OR PROJECT: _____

Check any that apply to the requested project:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> CHANGE OF USE | <input type="checkbox"/> CHANGE OF OCCUPANT |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> FENCE | <input type="checkbox"/> POOL/HOT TUB |
| <input type="checkbox"/> DECK/PATIO | <input type="checkbox"/> ACCESSORY USE | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> SHED | <input type="checkbox"/> NEW DWELLING | <input type="checkbox"/> OTHER _____ |

WAS A VARIANCE APPROVED FOR THIS PROPERTY? NO YES

IF YES: ZONING or PLANNING BOARD: _____

PERMIT #: _____ DATE APPROVED: _____

APPLICANT NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

E-MAIL ADDRESS _____

APPLICANT SIGNATURE _____ DATE: _____

PROPERTY OWNER NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

- This application has been examined and found to be in compliance with the Zoning Ordinance for the borough of Collingswood
- Permits/Approvals are required: U.C.C. Historic P.B. DPW COMMERCIAL C/O
- This application has been rejected because of non-compliance with the Zoning Ordinance for the Borough of Collingswood _____

ZONING OFFICER

DATE