



Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

ZONING APPLICATION

Block _____ Lot _____

Work Location: _____ Zoning Class: _____

Owner Name: _____ Phone#: _____

Owner Address/City/State/Zip: _____

Description of Work: _____

Height of proposed structure: _____

Circle one: Corner Lot or Inside Lot

Setbacks: Front _____ Rear _____ Smallest Side _____

Percentage of Lot Covered by existing Buildings/Concrete/Asphalt/Pool: _____

(Optional) Aggregate: _____

Copy of Survey/Plot Plan must be submitted showing existing buildings, shed, driveway, pools, patios, walkways and proposed work with dimensions shown. Indicate front, rear, and side setbacks on Survey. (Refer to Schedule of Requirements if needed.)

When doing work other than a driveway or service walk - Submit this Zoning Application along with Survey/Plot Plan to MUA. Once they mark out and approve, submit to Inspections Dept with completed Construction Jacket, Building Technical and any other required forms.

Applicant: _____ Phone#: _____

Signature: _____ Date: _____

***Note: Rejected applications can be revised to comply with the Ordinance, or you may apply to the Zoning Board for relief of the Zoning Official's Decision. (When a variance is obtained, a copy of the resolution must be attached to the application.)*

TOWNSHIP OFFICE USE ONLY

MUA Approved Denied Signature: _____ Date: _____

Inspections Dept Approved Denied

Denied based on the non-compliance with the following sections of the Ordinance –
Chapter _____ Section _____

Zoning Official Signature: _____ Date: _____