

WILLINGBORO



TOWNSHIP
NEW JERSEY

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

ASPHALT DRIVEWAY & PAD
ZONING APPLICATION FOR PERMIT

\$40.00 Permit Fee

Site Address: _____

Name of Owner: _____ Phone: _____

Address/City/St/Zip: _____ Email: _____

Survey attached: YES or NO

Cost of Job: \$ _____

Contractor: Name: _____

Address: _____

Phone#: _____

Asphalt Driveway:

Width: _____ (Maximum Width is 22 feet) Side Setback: _____ (4 foot minimum)

Asphalt Pad:

Dimensions: _____ Side Setback: _____ (6 foot minimum) Rear Setback: _____ (10 foot minimum)

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.

Submit this application along with survey/plot plan to MUA for approval prior to submitting this application to the Inspections Department.

To widen the driveway, you MUST widen the apron. A Road Opening Permit is required by the Department of Public Works prior to submitting this application to the Inspections Department.

Applicants Signature/Print Name _____ Date _____

TOWNSHIP OFFICE USE ONLY

MUA: _____ Approved _____ Denied _____ Date: _____

DPW: _____ Approved _____ Denied _____ Date: _____

Zoning Official: _____ Approved _____ Denied _____ Date: _____

Reason for denial: _____

