

CITY OF SALEM
ZONING PERMIT APPLICATION
17 NEW MARKET ST.
SALEM, NJ 08079

CAROL WRIGHT - ZONING OFFICER
856-935-5510 X 209(WORK) - 609-221-5312(CELL)

Block _____ Lot _____

Property Address _____

Property Owner _____

Address _____

Telephone _____

Brief description of project _____

Provide a plot plan containing the following information

1. Size of property
2. Location on property
3. Location of existing structures on property
4. Distances from existing structures
5. Distances from lot lines (front, back, left side, right side)
6. Layout of proposed project

The plot plan with the above information can be drawn on the back of this application.

Signature of Owner _____ Date _____

Signature of Lessee _____ Date _____

FOR OFFICE USE ONLY

Zone District: R-1 R-2 R-3 RLC C-1 C-2 M-1 M-2 (Circle one)

Flood Zone A-4 B C (Circle one)

Historic Preservation District Yes No (Circle one)

APPROVED _____ DATE _____

Signature of zoning officer

CONDITIONS: _____

DENIED _____ DATE _____

Signature of zoning officer

REASON FOR DENIAL _____

FEE \$25.00 Owe _____ Paid _____ Check #/Receipt# _____