

Borough Use Only

Date paid _____

Cash or Check _____

Receipt # _____

PL # _____

**ZONING OFFICER REVIEW APPLICATION
LINDENWOLD, NEW JERSEY**



Fee: \$25.00

Date: _____

Owner: _____ Phone: _____

Address: _____

Interested Party other than owner: _____

Location of Property: _____ Block: _____ Lot: _____

Zoning District: _____

Lot Area: _____ Sq. Ft. Dimensions of Property: _____

Front Setback: _____ Side yard: _____

Rear Yard: _____ Side Yard: _____

No. of Stories _____ Sq. Ft. of Building: _____

No. of Off Street Parking Available: _____ Size of Shed: _____

Height of Fence: _____ Type of Fence: _____

Height of Sign: _____ Sq. Ft. of Sign: _____

Location: (plot plan) _____ Type of Work Being Done: _____

I understand that all above information is correct and I am responsible for any misinformation or measurements. A certificate of occupancy will be issued after a: 1.) Certified Survey, 2.) Plot Plan, 3.) Proof of approved variance, if necessary.

Signed: _____
Zoning Officer

Signed: _____
Applicant or Interested Party

Joint Land Use Board: _____

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