



THE BOROUGH OF COLLINGSWOOD

Zoning Department

678 Haddon Avenue - Collingswood, NJ 08108

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

Fees: \$25 Commercial ZA & \$10 Residential ZA

ZONING PERMIT APPLICATION FORM

A SURVEY OR PLOT PLAN THAT IS TO SCALE, **MUST** BE SUBMITTED WITH THE APPLICATION SHOWING ALL EXISTING BUILDINGS, SHEDS, POOLS, DRIVEWAYS ETC. ALONG WITH THE PROPOSED CONSTRUCTION.

ADDRESS: _____ BLOCK: _____ LOT: _____
ZONE: _____ QUALIFIER: _____ Commercial - Fee: \$25.00 RESIDENTIAL- Fee: \$10.00

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 |
| <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: _____

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. D.P.W.

This application has been rejected because of non-compliance with the Zoning Ordinance for the Borough of Collingswood _____

Zoning Officer, Gretchen Kolecki

Date