



CITY OF BURLINGTON  
 525 HIGH STREET  
 BURLINGTON, NJ 08016  
 609-386-0200 x171

**APPLICATION FOR ZONING PERMIT - PERMISSION TO OBTAIN CONSTRUCTION PERMIT**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Address for Permit: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Circle One: Owner Occupied Rental  
 Owner Address: \_\_\_\_\_  
 Owner Phone: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_  
 Contractor Name if applicable: \_\_\_\_\_ NJ License #: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_  
 Contractor Phone: \_\_\_\_\_ Contractor E-mail: \_\_\_\_\_

**A Property Survey or Drawing to Scale must be submitted with this application**

Setbacks (distance from property line): Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right: \_\_\_\_\_ Left: \_\_\_\_\_ Height: \_\_\_\_\_  
 List ALL structures on Property: \_\_\_\_\_

**\*\* I certify by signing this form that all information on this application is true. Any falsification may result in revocation. I accept all responsibility for Setbacks, Final Grading and Drainage Issues.**

*Note: No structure/construction shall be permitted in, right of ways, buffers or easements.*

Property Owner Signature: \_\_\_\_\_ Contractor Signature: \_\_\_\_\_

**For Official Use Only:**  APPROVED  DENIED

**Contingent on below Permits or Approvals that must also be obtained:**

- Burlington Township Construction Office  Burlington City Land Use Board
- Burlington City Historical District (must obtain Certificate of Appropriateness)
- Fema 100 Year Flood Hazard (Elevation Cert for greater than 50% of improved value (exclude land) as per tax assessment)
- Non-residential Affordable Housing Trust Fund/COAH Fees (develop or expand a non-residential, commercial structure, applicant must submit a State of NJ N-RDF Form (Revised 6/2016) and obtain the City Tax Assessor's approval in Section B of said form. Applicant must also pay half of the 2.5% AHTF fee, payable to City of Burlington with the construction permit application.
- NJDEP  NJDOT  County Hwy  County Planning Board  County Health Department

Zoning permit fee of \$ \_\_\_\_\_ has been paid.  Cash  Check # \_\_\_\_\_  
 Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Non- Transferable**

**Void After 6 Months**