



BURLINGTON TOWNSHIP

DEPT. OF LICENSES AND INSPECTIONS

851 Old York Road, P.O. Box 340, Burlington Township, New Jersey 08016 • Phone: (609) 239-5845

ZONING PERMIT

Date Issued _____

Permit # _____

BLOCK _____
LOT _____

Date _____ Block _____ Lot _____ Zone _____

Work Site Location _____ Contractor _____

Address _____

Owner _____

Address _____ Tele. (_____) _____

Home Improvement License # _____

Tele. (_____) _____ Proposed Installation Date _____

Fence Installation Other _____

Description of Work _____

ATTACH COPY OF SURVEY
SHOWING LOCATION
OF PROPOSED FENCE

CALL BEFORE YOU DIG
1-800-272-1000 or 811

Estimated Cost of Work: \$ _____

Applicant's Signature _____

(Applicant Should Not Write Below This Line.)

The foregoing application and attachments have been examined and found to be

in not in

accordance with the terms of the Zoning Ordinance and the following action has been taken:

Use permitted by Ordinance. _____

Use permitted by variance approved on _____
subject to any special conditions attached to the grant thereof.

Use permit is denied for non-compliance with the provisions of Section _____
for the following reasons: _____

_____ Date

_____ Zoning Officer

For Office Use Only

PAYMENTS

Total \$ _____

Check No. _____

Cash \$ _____

Collected By: _____