

Borough of Mount Ephraim
121 S. Black Horse Pike, Mt. Ephraim, NJ 08059
856-931-1546 Fax: 856-931-5167



APPLICATION FOR ZONING REVIEW

App. #: _____

Block _____ Lot _____

Owner _____

Address _____

Phone (best for contact) _____

REASON FOR ZONING REVIEW REQUEST (Be specific when describing project)

Applicant's signature

Date

There is a \$25.00 application fee.

Payment received

A plot plan/survey showing existing buildings and proposed buildings or structures/fences with all front, side and rear yard set backs is to be included.
.....

THIS APPLICATION HAS BEEN REVIEWED AND FOUND TO BE IN COMPLIANCE WITH ALL ZONING REQUIREMENTS (**see note below)

Zoning Officer's Signature

Date

.....
THIS APPLICATION IS DISAPPROVED BECAUSE OF NONCOMPLIANCE WITH THE FOLLOWING SECTIONS OF THE ZONING CODE _____

Zoning Officer's Signature

Date

.....
Rejected applications may be revised to comply with the zoning code or you can apply to the Planning Board for relief from the zoning requirements in the form of a variance application.

If a variance is necessary, will you be applying for one? Yes _____ No _____

When a variance is granted, a copy of the authorizing resolution must be attached.

A copy of this application will be filed with the tax records of the property.

**Note—property taxes must be current prior to approval.