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North Hanover Township Zoning Permit Application

Application Fee: \$25.00 Block: _____ Lot: ____ Qualifier: ____ Zone: Work Site Address: Applicant: ______ Phone: (_____) _____ Are you the Owner of the Property? Yes_____ No Owner's Address:_____ Description of Work: Prior Variance(s): Yes_____ No ____ Resolution #: _____ **Project Information:** ☐ Fence o Type:_____ Dimensions: L:_______ H:______ o Is the fence enclosing a pool or replacing a fence around a pool? Yes_____ No ____ ☐ Pool o Above Ground_____ In Ground_____ o Dimensions: L:______ W:_____ Depth: ☐ Shed o Prefab_____ Other:____ O Dimensions: L:______ W:_____ H: *Height is from grade to peak. ☐ Garage/Pole Building o Use: O Dimensions: L: _____ W: ____ H: ____ *Height is from grade to peak.

				App # Z
	lew H	ome		
	0		Multi-Family	Homestead
		Number of Bedrooms:		
□ A	dditic			
	0	Use:		
	0	Number of Bedrooms:	-	
□ o	ther:			
	0			*Height is from grade to peak.
□ U	se:	Dranged Hear		
	0	Proposed Use:		
	0	Existing Use:		
Existing L	ot Cov	veragesq.ft. + Pro	posed Lot Coverage	sq.ft.= Total sq.ft
Total sq.f	t	/Lot size:	sq.ft=	x100=%
application o application a of land, I am grading plan grading of re I understand	n his/h nd the s subject need no sidentia that all	er behalf for the proposed work. I supporting documentation are true to a Residential Lot Grading Plan I ot be submitted, I, the applicant, fu al lots in North Hanover Township	certify that to the best of my knowle e and accurate. I also understand th Review as stated in Ordinance 2007-(Illy understand that I am responsible in a manner which will promote the for zoning, construction and from ot	with the owner's authorization to make edge the information I provided both on this lat I if my project disturbs 500 square feet or more 08. If the Zoning Officer determines a formal e to follow the rules, regulations and standards for public health, safety, morals, and general welfare, her agencies must be obtained before the start of
Owner in fee	:			
Signature:			Print:	Date:
:	****	******	****Office Use Only****	*******
			·	
neck/cash: DH Approval R	eceive	ed:	Date received:	
oning Applicati	on: Ap	pproved Denie	d	
			ived in accordance with Ordir	nance 2007-08
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oning Officer S	ıgnatu	ire		Date

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Instructions for Filing

Instructions

- Please include a survey with your application.
- Survey should include:
 - Location of all structures on the property
 - The square footage of all existing and proposed structures on the property
 - Location of well showing setbacks to proposed structure
 - Location of septic showing setback to proposed structure
 - Property boundary lines
 - Setback measurements (in feet) to all property lines for the proposed structure
- As of October 14, 2005, any existing dwelling with well and septic which applies for a permit for an outside improvement must seek approval from the Burlington County Health Department by calling 609-265-5548. Health Department approval for well and septic properties is required to ensure there are no encroachments and/or conflicts with the well/septic systems. Please use the attached BOH application
- \$25.00 Application fee is due at time of application. All fees are non- refundable
- Please allow 10 days for the application to be processed.



SEPTIC SYSTEM ADDITION OR CHANGE OF USE APPLICATION

Name of Property Owner:							
Mailing Address:							
Township:							
Block and Lot of Property:							
Phone Number:	norman.						
Email:							
Explain in writing what your proposed project or addition will be:							
Number of bedrooms before addition: Number of bedrooms after addition:							

Site plan of the property must be included with application showing the following information:

- Location and dimensions of proposed project
- Location of all septic system components (septic tank and septic field location must be included)
- Distance of septic systems components to proposed project
- Location of well (if applicable)
- Distances between the proposed project and all components of septic system and well (if applicable) must be included

COMPLETED APPLICATION AND SKETCH CAN BE SUBMITTED TO BCHD@CO.BURLINGTON.NJ.US

Contact 609-265-5515 with questions on application submission