



CITY OF MARGATE CITY ZONING PERMIT APPLICATION

Date Submitted: _____

Zoning Permit # _____

Zoning Control # _____

ZONING REVIEW – FOR MUNICIPAL USE ONLY

Date Received by Zoning: _____ ☐ Approved: _____ ☐ Denied: _____

Condition / Comments: _____

Authorization: _____ Date: _____

Roger D. McLarnon, Zoning Officer

REVISIONS – FOR MUNICIPAL USE ONLY

REVISION 1- Submitted: _____ ☐ Approved: _____ ☐ Denied: _____ Date: _____

REVISION 2- Submitted: _____ ☐ Approved: _____ ☐ Denied: _____ Date: _____

Condition / Comments: _____

PAYMENT – FOR MUNICIPAL USE ONLY

Paid: _____ ☐ Check ☐ Cash ☐ Credit Card Paid by: _____

Check/Receipt #: _____ Date: _____ Clerk: _____

FEES: PAYMENT IS DUE AT THE TIME A ZONING PERMIT IS SUBMITTED. Per § 175-42, the following fees apply:

◆ New/Major* Construction Plan Review: \$300.00

◆ All others (fences, sheds, signs, additions, etc.): \$50.00

A. IDENTIFICATION:

Subject Property – Address: _____ **Block:** _____ **Lot:** _____

Applicant's Name: _____ **Phone:** _____

Address: _____

E-mail Address: _____

Owner's Name: _____ **Phone:** _____

Address: _____

E-mail Address: _____

B. TYPE OF APPLICATION: Check all that apply- ☐ New ☐ Replacement ☐ Change

☐ New Construction

☐ Shed

☐ Parking Area

☐ Addition/Alteration

☐ Garage

☐ Pavers

☐ Home Elevation*

☐ Generator

☐ Sign

☐ Swimming Pool

☐ HVAC

☐ Ramp

☐ Hot Tub/Spa

☐ Fence

☐ Solar

☐ Deck/Porch

☐ Outdoor Shower Enclosure

☐ Other: _____

Use of Property/Buildings – Existing: _____ **Proposed:** _____ **Zoning District:** _____

Has the proposed project been subject to an application to the Planning Board? ☐ Yes or ☐ No

Please attach the Board resolution and signed, approved plans. Date of Approval: _____ Resolution #: _____

C. CERTIFICATION IN LIEU OF OATH:

I hereby certify that I have read this application, that the information provided is correct, and that I am the (authorized agent of) owner in fee of the property listed, as such hereby agree to comply with the applicable requirements of the Code of the City of Margate City, County of Atlantic and The State of New Jersey.

Applicant Signature _____ **Date** _____

ALL ZONING PERMIT APPLICATIONS MUST BE SUBMITTED TO THE MARGATE CITY BUILDING DEPARTMENT LOCATED AT 9001 WINCHESTER AVENUE. PLEASE SUBMIT THE COMPLETED APPLICATION WITH A PLOT PLAN SHOWING LOT SIZE, EXISTING STRUCTURES AND PROPOSED STRUCTURES AS WELL AS PROPERTY LINE SETBACKS.