



# 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.**