

CHESTERFIELD TOWNSHIP ZONING PERMIT APPLICATION

Application Fee: \$50.00

Block: _____ Lot: _____

Zoning District: V R-1 AG
 PVD OP C

Is the project in the Historic District: Yes: _____ No: _____
 Is the project on preserved farmland: Yes: _____ No: _____
 Is house address clearly visible from the street: Yes: _____ No: _____

Work Site Address: _____

Applicant Name: _____ Telephone # (____) _____

Applicant Address: _____
Number Street City State Zip

Property Owner: _____ Telephone # (____) _____

Owner Address: _____
Number Street City State Zip

Description of Work: _____

Prior Planning Board Application?: Yes ___ No ___ Approval Date: _____ File No: _____

STRUCTURES / SETBACKS

Proposed Building/Structure Size: Wide: _____ Deep: _____ Height: _____ Number of Stories: _____

Ground floor area: Existing Structure Sq Ft: _____ Proposed Added Sq Ft: _____ Total Sq Ft: _____

Setbacks of proposed work: Front _____ Rear _____ Side #1 _____ Side #2 _____ Secondary Front _____
(For Corner Lots)

FENCES

Fence: Type _____ Height _____ Location _____

POOLS

Pools: Above ground ___ Inground ___ Distance from property line Side ___ Rear ___
 Fence Height _____ Filter location _____

LOT CHARACTERISTICS

Lot size: Width _____ Depth _____ Square Footage _____

Percentage of impervious lot coverage (prevents water from passing through i.e. structures, sidewalks, driveway, pool, decks, concrete patio, not pavers set in sand without cement).

Existing Lot Coverage _____ sq.ft + Proposed Lot Coverage _____ sq.ft = Total _____ sq.ft _____ %

Do Not Write in This Space	
Received _____	By _____
Cash _____	Check # _____
Control # _____	
Approved _____	Denied _____ Conditional _____
Reason for denial _____	
Condition of approval _____	
Signature: _____	Date: _____

I hereby certify that I am the owner in fee of the above property or the agent of the owner with the owner's authorization to make application on his/her behalf for the proposed work. I also agree to conform to all applicable Chesterfield Township Codes related to this project. I certify that to the best of my knowledge the information I provided on this application and supporting documentation are true and accurate. I also understand that false or misleading information is cause to revoke the Zoning Permit in addition to any construction permits issued for this proposed work.

Owner(s) in fee or Agent: Signature: _____ Date: _____

CHESTERFIELD TOWNSHIP ZONING PERMIT INSTRUCTIONS FOR FILING

1. Application fees are non-refundable.
2. Two copies of your property survey must be submitted with a drawing of the proposed work indicated on the survey. Use a color pen or marker that contrasts with the color of the survey ink.
3. A survey must be updated if it does not accurately reflect **current** property features. You can manually update the survey yourself by drawing the features that are missing. You must provide exact dimensions of the features.
4. The Zoning Permit Application is only for Zoning approval. Applicants must still obtain all applicable State, County, Local Building, and Private Homeowner Association approvals.
5. Burlington County Health Department Regulations require that any existing dwelling with a well or septic which applies for a permit for an outside improvement must seek approval from the Burlington County Health Department by calling 609-265-5515. Health Department approval for well/septic properties is required to ensure there are no encroachments and/or conflicts with the well/septic systems.
6. For those properties located in an area with a Homeowners' Association, approval from the association must be documented before applying for a zoning permit.

APPLICATION CHECKLIST

- _____ Two (2) property surveys showing existing conditions and marked with the proposed changes to the property.
- _____ Where applicable, 1 copy of your Homeowners Association approval for the proposed change.
- _____ Where applicable, your Burlington County Health Department – Well / Septic Approval.