



BURLINGTON TOWNSHIP

DEPT. OF LICENSES AND INSPECTIONS

851 Old York Road, P.O. Box 340, Burlington Township, New Jersey 08016 • Phone: (609) 239-5845

ZONING PERMIT

Date Issued _____

Permit # _____

Date _____ Block _____ Lot _____ Zone _____

Work Site Location _____ Contractor _____

Address _____

Owner _____

Address _____ Tele. (_____) _____

Tele. (_____) _____ Proposed Installation Date _____

Fence Installation Other _____

Description of Work _____

ATTACH COPY OF SURVEY
SHOWING LOCATION
OF PROPOSED FENCE

Estimated Cost of Work: \$ _____

Applicant's Signature

(Applicant Should Not Write Below This Line.)

The foregoing application and attachments have been examined and found to be
 in not in
accordance with the terms of the Zoning Ordinance and the following action has
been taken:

- Use permitted by Ordinance.
- Use permitted by variance approved on _____
subject to any special conditions attached to the grant thereof.
- Use permit is denied for non-compliance with the provisions of Section

for the following reasons: _____

Date

Zoning Officer

For Office Use Only

PAYMENTS

Total \$ _____

Check No. _____

Cash \$ _____

Collected By: _____

BLOCK _____
LOT _____