

CITY OF SALEM  
ZONING PERMIT APPLICATION  
17 NEW MARKET ST.  
SALEM, NJ 08079  
CAROL WRIGHT - ZONING OFFICER  
856-935-5510 X 209(WORK) - 609-221-5312(CELL)

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Brief description of project \_\_\_\_\_

Provide a plot plan containing the following information

1. Size of property
2. Location on property
3. Location of existing structures on property
4. Distances from existing structures
5. Distances from lot lines (front, back, left side, right side)
6. Layout of proposed project

The plot plan with the above information can be drawn on the back of this application.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Lessee \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Zone District: R-1 R-2 R-3 RLC C-1 C-2 M-1 M-2 (Circle one)

Flood Zone A-4 B C (Circle one)

Historic Preservation District Yes No (Circle one)

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of zoning officer

CONDITIONS: \_\_\_\_\_

DENIED \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of zoning officer

REASON FOR DENIAL \_\_\_\_\_

FEE \$25.00 Owe \_\_\_\_\_ Paid \_\_\_\_\_ Check #/Receipt# \_\_\_\_\_