TOWNSHIP OF GALLOWAY
DEPARTMENT OF COMMUNITY DEVELOPMENT
CONSTRUCTION CODE ENFORCEMENT
HOUSING PLANNING ZONING LAND USE

300 E. JIMMIE LEEDS ROAD, GALLOWAY, NJ 08205
(609) 652-3700 EXT. 241/249 FAX: (609) 652-5259

Richard Roesch
DIRECTOR OF COMMUNITY DEVELOPMENT
CONSTRUCTION OFFICIAL

APPLICATION FOR ZONING PERMIT

APPLICANTS' NAME _____

ADDRESS _____

BLOCK _____ LOT _____

FOR CONSTRUCTION: (CHECK ONE)

___New Structure ___Garage ___Barn ___Pool ___ Shed ___Addition

___Deck ___Shed ___Porch ___Sign ___Other:_____

LAND USE: (CHECK ONE)

___Land Use Compliance ___Forestry ___Other:_____

LOT DIMENSIONS: (ATTACH A COPY OF SURVEY)

Width_____ Depth_____

SET-BACK DIMENSIONS: (INDICATE SET-BACKS ON SURVEY)

Front_____ Side_____ Rear_____

WHEN APPLICABLE:

1. ATTACH A COPY OF PINELANDS NOTICE OF FILING AND DEP APPROVAL.
2. ATTACH A COPY OF DECISION AND RESOLUTION FROM PLANNING OR ZONING BOARDS.

APPLICANTS SIGNATURE_____

LAND USE ADMINISTRATOR INITIAL_____

DATE_____