



TOWNSHIP OF WASHINGTON

2436 Route 563
Egg Harbor City, NJ 08215
www.wtbcnj.org

Phone # 609-965-3242
Fax # 609-965-1641

ZONING PERMIT APPLICATION

1. Applicant's Name: _____

Mailing Address: _____

_____ State: _____ Zip: _____

Telephone Number: _____ Work Number: _____

Cell Number: _____ Email: _____

2. Name of Property Owner(s): _____

Mailing Address: _____

_____ State: _____ Zip: _____

3. Location of Property: Street/Road: _____

Block: _____ Lot: _____ Zone: _____

4. Acreage of Property (in square feet): _____

5. Attach a plot plan/survey (original size cannot be minimized), with the date and scale clearly indicated, containing the information specified in 275-3, 275-105.

6. If the property is proposed to be developed pursuant to Section 275-98 of the Code of Washington Township, the following information must be provided relative to any non-contiguous property that will be utilized in the density transfer:

a. Street/Road: _____

Block: _____ Lot: _____ Tax Map No.: _____

Acreage of Property (in square feet): _____

b. If more than one lot is involved, attach the above information for each additional lot.

7. Provide a detailed description of proposed and existing use of property:



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8. Proof property taxes are current for the application. Chapter 12, Section 12-8.6(e).

Tax Office signature: _____ Date: _____

9. Approval letter from Burlington Health Department. This only applies if you have a septic or well. (see below)

BURLINGTON COUNTY HEALTH DEPARTMENT PERMIT APPLICATION REVIEW

Any dwelling with a well or septic system applying for a permit:

- For any additional buildings, sheds, decks, pools, driveway or any other structure that could affect the functioning of a septic system on the property
- Adding a bedroom
- Adding a bathroom in a basement
- New septic system
- Repair to an existing system
- Alteration to an existing system
- Expansion to an existing system
- Additions or changes to footprint of buildings
- Additions to residential homes
- Abandonment of wells
- Installation of new well

An approval letter from Burlington County Health Department must be submitted with your application in order for it to be reviewed by the municipality. Please contact the County Health Department:

Sara Zuccarello
Burlington County Health Department
szuccarello@co.burlington.nj.us
609-265-5568