

INSTRUCTIONS FOR ZONING APPLICATIONS

1. Fill out and sign application and provide all documentation required
2. NO APPLICATION WILL BE ACCEPTED UNLESS PAGE 2 IS COMPLETED BY THE TAX COLLECTOR (OFFICE HOURS ARE TUESDAYS – 5-7 PM ONLY)
3. **Call Pinelands before you file the application: 609-894-7300, Tim Capella**
4. If the applicant is not the home owner then provide proof that you are authorized to act on the owners behalf.
5. Provide two (2) copies of the plot plan and current survey of the property to be developed.
6. Information that shall be included but limited to:
 - Location and footprint of existing structures
 - Location and footprint of proposed structures
 - Dimensions and square footage of existing and proposed structures
 - Lot coverage
 - Set back distances in feet from all property lines
 - Height of structural floors and roof in relation to existing ground level
7. Provide payment in form of check made payable to Washington Township, pursuant to the current zoning fee schedule
8. **Page 2 - #8 Tax Collector needs to sign off before application is accepted**
9. Return completed application to:
 - Township Clerk and/or Zoning Officer
 - Washington Township Municipal Building
 - 2436 Route 563
 - Egg Harbor City, NJ 08215
10. **NO DEVELOPMENT OR CONSTRUCTION MAY PROCEED WITHOUT ALL NECESSARY APPROVALS FROM OTHER AGENCIES.**
11. If you have any questions call Jimmi Agnesino, Zoning Official – 2436 Route 563, Egg Harbor, NJ 08215 – Office: 609-965-3242 x 205; Cell: 609-820-9123 – zoningofficial@wtbcnj.org

a/o: 10/6/2020 - \$75.00



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 the work that is being proposed and existing use of property:



TOWNSHIP OF WASHINGTON

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

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

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