



**CITY OF ABSECON**  
**Construction Dept. & Code Enforcement**  
**500 Mill Road**  
**Absecon, New Jersey 08201**

**Phone (609) 641-0663 Ext.113**  
**Fax (609) 645-5098**

**APPLICATION FOR ZONING PERMIT**

Applicants' Name \_\_\_\_\_

Address \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

FOR CONSTRUCTION (check one):

\_\_\_\_\_ New Structure \_\_\_\_\_ Garage \_\_\_\_\_ Pool \_\_\_\_\_ Accessory Structure \_\_\_\_\_ Addition

\_\_\_\_\_ Deck \_\_\_\_\_ Porch \_\_\_\_\_ Sign Other: \_\_\_\_\_

LAND USE (check one):

\_\_\_\_\_ Land Use Compliance Other: \_\_\_\_\_

LOT DIMENSIONS: (ATTACH A COPY OF SURVEY)

Width \_\_\_\_\_ Depth \_\_\_\_\_ Lot Coverage % \_\_\_\_\_

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

Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

WHEN APPLICABLE:

1. Attach a copy of Decision and Resolution from Planning or Zoning Boards

APPLICANTS SIGNATURE \_\_\_\_\_

LAND USE ADMINISTRATOR INITIAL \_\_\_\_\_

DATE \_\_\_\_\_