



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 _____