

City of Cape May Zoning Permit Application

643 Washington Street
Cape May, NJ 08204
www.capemaycity.com

Phone 609-884-9555 Fax 609-884-3355

PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW

BLOCK: _____ LOT: _____ ZONING DISTRICT: _____ IS PROPERTY IN HISTORIC DISTRICT _____

PROJECT LOCATION: _____

USE OF PROPERTY: SINGLE FAMILY _____ TWO FAMILY _____ OTHER (EXPLAIN) _____

OWNERS NAME: _____ PHONE# _____

MAILING ADDRESS: _____ EMAIL: _____

APPLICANT/CONTRACTORS NAME: _____ PHONE# _____

ADDRESS: _____ EMAIL: _____

DESCRIPTION OF PROJECT – CHECK ALL THAT APPLY

<input type="checkbox"/> NEW DWELLING	<input type="checkbox"/> DECK/PATIO	<input type="checkbox"/> SHOWER ENCLOSURE	<input type="checkbox"/> A/C UNITS
<input type="checkbox"/> ADDITION	<input type="checkbox"/> FENCE	<input type="checkbox"/> DRIVEWAY/PARKING	<input type="checkbox"/> LIGHTING
<input type="checkbox"/> GARAGE	<input type="checkbox"/> SIGN	<input type="checkbox"/> CURB/SIDEWALK	<input type="checkbox"/> USE
<input type="checkbox"/> SHED	<input type="checkbox"/> POOL	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> ALTERATION

OTHER: _____

EACH APPLICATION MUST BE ACCOMPANIED BY A SURVEY, (2) SETS OF PROPOSED PLANS AND RELATED DOCUMENTS

SURVEY PREPARED BY: _____ DATED: _____

PLANS PREPARED BY: _____ DATED: _____

LANDSCAPE PLAN PREPARED BY: _____ DATED: _____

DESCRIBE & SUBMIT ALL PRIOR APPROVALS: _____

<i>COMPLETE EACH SECTION</i>	EXISTING	REQUIRED	PROPOSED
<u>LOT SIZE</u>			
<u>BUILDING SETBACK</u>			
<u>LOT WIDTH</u>			
<u>FRONT YARD SETBACK</u>			
<u>SIDE YARD SETBACKS</u>	/	/	/
<u>REAR YARD SETBACKS</u>			
<u>LOT COVERAGE</u>	%	%	%
<u>BUILDING HEIGHT</u>			
<u>LOT USAGE RATIO</u>	%	%	%
<u>FLOOR AREA RATIO/FAR</u>	%	%	%

APPLICANT/CONTRACTOR SIGNATURE: _____ DATE: _____

Applicant or contractors signature will attest all information set forth in this zoning application and related documents accurately portray the proposed project.