

CARNEYS POINT TOWNSHIP

ZONING REQUEST FORM

BLOCK: _____

DATE OF REQUEST: _____

LOT: _____

PROPERTY ADDRESS: _____

ZONING REQUEST MADE BY: _____

TELEPHONE # OF REQUESTER: _____

FAX # OF REQUESTER: _____

Please complete top portion and fax back to 856 299-1564

ZONING DETERMINATION:

PROPERTY ZONED AS: _____

REQUIRED LOT SIZE

MINIMUM WIDTH: _____

MINIMUM DEPTH: _____

MINIMUM LOT AREA: _____

PERCENTAGE OF LOT COVERAGE: _____ (maximum allowed)

REQUIRED SET BACKS

FRONT YARD: _____

SIDE YARD: _____

REAR YARD: _____

MAXIMUM BUILDING HEIGHT: _____

ZONED BY: _____

DATE: _____