



TOWNSHIP OF GALLOWAY
DEPARTMENT OF COMMUNITY DEVELOPMENT
 CONSTRUCTION CODE ENFORCEMENT
 HOUSING PLANNING ZONING LAND USE

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APPLICATION FOR ZONING PERMIT

APPLICANTS' NAME _____

ADDRESS _____

BLOCK _____ LOT _____

FOR CONSTRUCTION: (CHECK ONE)

___ New Structure ___ Garage ___ Barn ___ Pool ___ Shed ___ Addition

___ Deck ___ Shed ___ Porch ___ Sign ___ Other: _____

LAND USE: (CHECK ONE)

___ Land Use Compliance ___ Forestry ___ Other: _____

LOT DIMENSIONS: (ATTACH A COPY OF SURVEY)

Width _____ Depth _____

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

Front _____ Side _____ Rear _____

WHEN APPLICABLE:

1. ATTACH A COPY OF PINELANDS NOTICE OF FILING AND DEP APPROVAL.
2. ATTACH A COPY OF DECISION AND RESOLUTION FROM PLANNING OR ZONING BOARDS.

APPLICANTS SIGNATURE _____

LAND USE ADMINISTRATOR INITIAL _____

DATE _____