



COMMUNITY DEVELOPMENT DEPARTMENT
TOWNSHIP OF FRANKLIN
1571 DELSEA DRIVE
FRANKLINVILLE, NJ 08322-0300
Telephone (856) 694-1234
Fax (856) 694-2823
www.franklintownshipnj.org

PLANNING BOARD
ZONING BOARD
HOUSING ENFORCEMENT
ZONING ENFORCEMENT

Procedure for applying for a Zoning Permit to Construct New Home

1. Applications are available at the Community Development Department and on-line at **franklintownshipnj.org** - Once at site, click on Municipal Services, click on Community Development, click on Zoning Permit, and click on Zoning Permit to Construct New Home and print out.
2. **Completely fill out:**
 - a. the application
 - b. the clear cutting form
 - c. the new home calculation sheet
3. Enclose a copy of deed.
4. Attached a copy of the survey, with the proposed change indicated on the survey
 - a. Make sure dimensions of the proposed changes are indicated on survey; and
 - b. State proposed use or change of use.
5. Take application to Tax Collector's office and check to see if taxes are current; if current, have the form signed.
6. Submit the completed application & survey to Community Development office, It will be checked out for completeness.

FEE: to Construct Single-Family House: \$50.00

Please Note:

Upon review of your application, the Zoning Officer may need additional information and you will be contacted. The Zoning Officer has 10 days to review and take action on the application.

All new constructed Single-Family Dwellings require a Final As-Built Survey. Once Constructed, Inspection of Driveway & Apron & 911 Post will be performed prior to signing off of Final As-Built Survey.

INSTRUCzoningPERMIThome

ZONING PERMIT APPLICATION

Zoning permits shall hereafter be secured from the administrative officer prior to the construction, erection, or alteration of any principal or accessory structure or part of a structure, whether or not a construction permit is required, or upon a change in the use of land or a structure. (§253-194.A.)

OFFICE USE ONLY
DATE RECEIVED _____ RECEIVED BY _____ FEE _____ CHECK # _____
RECEIPT # _____ CASH _____ DATE REVIEWED _____

Applicant's Name _____

Mailing Address _____

_____ State _____ Zip _____

Tel. # Home () _____ (Check if unlisted ___) Work () _____

Name of Property Owner(s) (if other than applicant) _____

Mailing Address _____

_____ State _____ Zip _____

Project Description (Briefly describe the proposed use, its size, height, # of bedrooms, etc.) _____

Property Location: Street/Road _____

Block # _____ Lot # _____ Tax Map Sheet No. _____

Zoning District _____ Lot Area (Acres) _____ (sq.ft) _____

Present use of the land and/or structure _____

Proposed development / reason for application (check all that apply):

Type of Use: Residential _____ Commercial _____ Industrial _____

Type of Construction: New Construction _____ Addition _____ Renovation _____

Accessory Structures or Elements: Detached Garage _____ Deck/Porch/Patio _____ Fence _____ Pool _____

Parking Lot _____ Sign _____ Other (Describe) _____

Building information: (Attach a floor plan and elevation of the building/structure)

Height: Feet _____ Stories _____ Building Envelope Area*: _____ sq.ft. Total Coverage+: _____ sq.ft.

Does the property have a garage and/or carport? Yes ___ No ___ Area: _____ sq.ft.

Site Plan/Plot Plan of Project:

Attach a copy of the property survey (preferred) or a neatly drawn plot plan, with the date and scale clearly indicated, containing the following information:

- _____ The zoning district in which the property is located;
- _____ The location and dimensions of all property lines, easements affecting the property, and streets abutting the property;
- _____ The location and dimensions of all yards and setbacks required by the Land Development Ordinance (Chapter 253);
- _____ The location, use and disposition of all existing structures and improvements on the property;
- _____ A building envelope in which the proposed structure is to be located (Note: this should be larger than the building size);
- _____ The location and dimensions of the proposed driveway, any proposed accessory structures, any impervious areas (e.g. sidewalks, concrete pads, decks, patios, etc.)
- _____ The location and dimensions of the septic system, including the disposal field;
- _____ The location of any proposed water supply well
- _____ A copy of the resolution pertaining to a variance or temporary use permit affecting the property, if any.

TAX COLLECTORS CERTIFICATION: Taxes Paid per _____ Date _____
(Authorized signature)

(This section is to be completed by all applicants)

I hereby certify that the information furnished on this application form and all supplemental materials is accurate and true knowing that the Zoning Officer will rely upon its accuracy. I accept all responsibility for any grading, water or drainage issues.
NO STRUCTURES/CONSTRUCTION SHALL BE PERMITTED IN ANY WETLAND AREAS, RIGHT OF WAYS, BUFFERS OR EASEMENTS.

Signature of Applicant _____ Date _____ Signature of Property Owner _____ Date _____

* Building Envelope calculation should include an additional 3 – 4 ft beyond the foundation area to account for overhangs and projections.
+ Includes all buildings, structures, paving and other impervious surfaces.

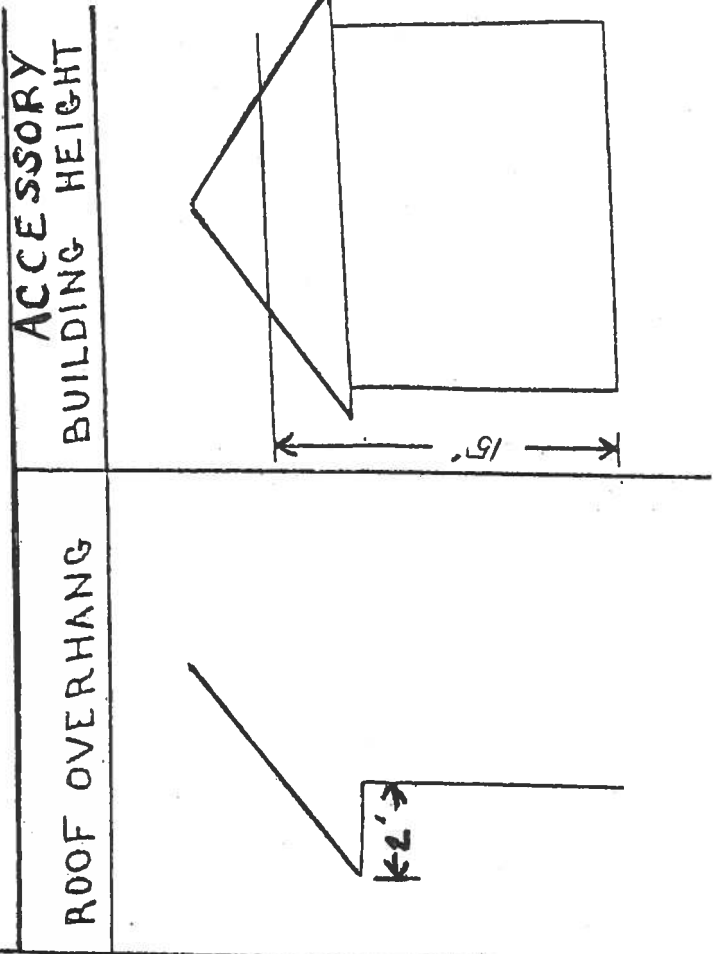
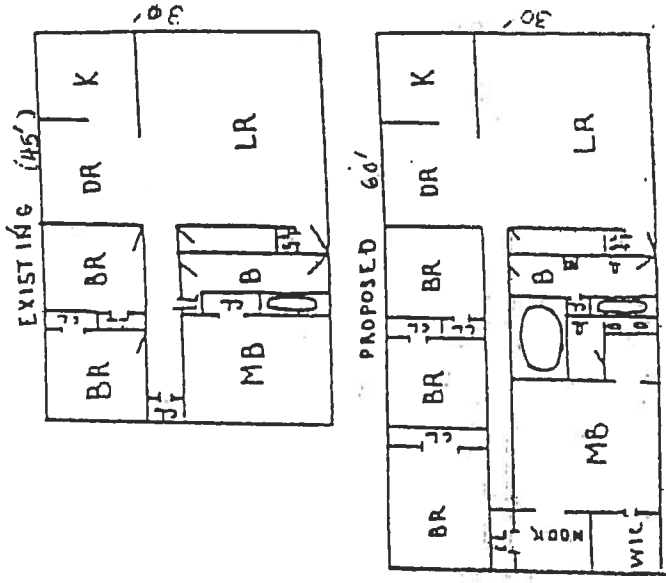
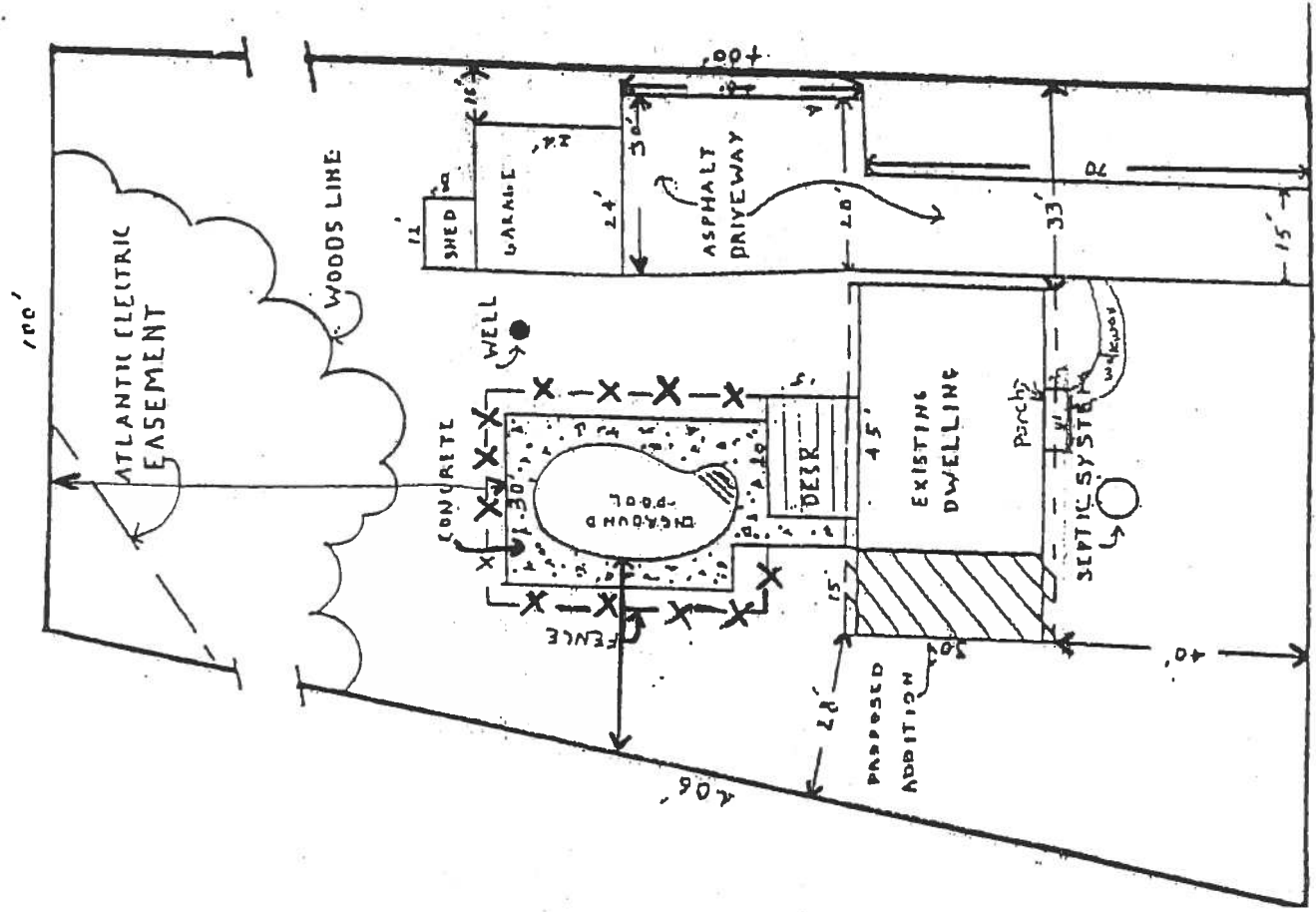
Applicants should check with the Construction Department for any additional permits that may be required.

CALL BEFORE YOU DIG FOR UTILITY LOCATIONS 1-800-272-1000

Any building within or adjacent to Atlantic Electric Company easements must first be reviewed and approved by Atlantic City Electric Co. These easements include any easements as shown on the property owner's current survey or plot plan. All inquiries should be addressed to: Atlantic City Electric Co., 5100 Harding Highway, Mays Landing, NJ 08330.

SAMPLE: SKETCH PLAT

FLOOR PLAN



135'
COLES MILL RD.

TOWNSHIP OF FRANKLIN
1571 DELSEA DRIVE
FRANKLINVILLE, NJ 08322

DEPARTMENT OF PLANNING AND ZONING
PHONE: 856-694-1234 X 144
FAX: 856-694-2823

NEW HOME CALCULATION WORKSHEET

BLOCK _____ LOT _____

OWNER'S NAME _____ APPLICANT'S NAME _____
ADDRESS _____ ADDRESS _____

PHONE NUMBER _____ PHONE NUMBER _____

DIMENSION

HOUSE (Dimension) (include overhang) _____

FRONT PORCH AND STEPS _____

SIDE YARD STEPS _____

REAR STEPS _____

DECKS _____

PATIO _____

BILCO DOOR _____

FIREPLACE _____

BEDROOMS _____

DRIVEWAY ACCESS 12' X 10' _____

GARAGE _____ 1Car 2 Car _____

MUST BE _____ CONCRETE _____ ASPHALT

SEPTIC SYSTEM
SIZE _____ X _____ _____

WALKWAYS
SIZE _____ X _____ _____
SIZE _____ X _____ _____

TOTAL SQUARE FOOTAGE _____

Township of Franklin Community Development Department
1571 Delsea Drive
Franklinville, NJ 08322
(856) 694-1234 ext. 145
Fax (856) 694-2823

Application # _____
Block _____ Lot _____

CLEAR CUTTING PERMIT APPLICATION

Clear Cutting permits shall hereafter be secured from the Director of Community Development prior to the commencement of clear cutting and/or ground clearing as defined under the Soil Erosion and Sediment Control Act (NJSA 4:24-40 et. seq.). (Ordinance O-26-06)

OFFICE USE ONLY
DATE RECEIVED _____ RECEIVED BY _____ DATE REVIEWED _____

Applicant's Name _____

Mailing Address _____

_____ State _____ Zip _____

Tel. # Home) _____ (Check if unlisted) Work () _____

Name of Property Owner(s) (if other than applicant) _____

Mailing Address _____

_____ State _____ Zip _____

Project Description (Briefly describe the reasons for the proposed clear cutting) _____

Property Location: Street/Road _____ Zoning District _____

Block # _____ Lot # _____ Lot Area (Acres) _____ (sq.ft) _____

Present use of the land: _____

Proposed development / reason for application (check all that apply):

Type of Use: Residential Commercial Industrial Agricultural

Attach the following documents: _____

1. Copy of survey or tax map identifying graphically the limits of proposed clearing and the presence or absence of wetlands and their location on the site;
2. Copy of the application for and permit issued by the Gloucester County Soil Conservation District.

(This section is to be completed by all applicants)

I hereby certify that the information furnished on this application form and all supplemental materials is accurate and true knowing that the Director of Community Development will rely upon its accuracy.

I hereby acknowledge and consent to the filing of this application.

Signature of Applicant

Date

Signature of Property Owner

Date

Approved: _____ Date: _____

Denied: _____ Date: _____

Please be advised that as a condition of issuance of this permit there shall be prohibited any application for or obtaining of site plan or subdivision approval from the Planning Board or Board of Adjustment for a period of five (5) years as measured from the issuance of said Permit.