



GALLOWAY TOWNSHIP

Department of Community Development
Construction, Code Enforcement, Housing, Planning, Zoning

300 East Jimmie Leeds Road, Galloway Township, N.J. 08205
(609) 652-3700 ext. 246 E-Mail: zone@gtnj.org

Jen Heller
Zoning Officer

APPLICATION FOR ZONING PERMIT

\$50.00 (check, cash, money order)

Property Address: _____ Block: _____, Lot: _____

Applicants Name: _____ E-Mail address: _____

Phone Number: _____

FOR CONSTRUCTION: (CHECK ONE)

___ New Single Family Dwelling, ___ Garage, ___ Pole Barn, ___ Pool, ___ Addition,
___ Deck (no roof), ___, Porch (with roof) ___ Shed, ___ Sign,
___ Other _____

LAND USE PERMIT:

___ Land Use Compliance, ___ Forestry, ___ Other _____

SETBACK DIMENSIONS: (INDICATE SET-BACKS ON SURVEY)

FRONT _____ SIDE _____ REAR _____

WHEN APPLICABLE:

1. Attach a copy of Pineland Certificate of Filing and DEP approval.
2. Attach a copy of Decision & Resolution from either Planning or Zoning Board.

You must submit a copy of the survey and payment with the application.

Please indicate, on the survey, the location of what you are requesting.

APPLICANTS SIGNATURE _____ DATE _____

Office Use Only:

Zoning Officer Approval _____ Date: _____

Zoning Officer Denial _____ Date: _____

Reason: _____

