

No. \_\_\_\_\_

Date \_\_\_\_\_



**ZONING PERMIT APPLICATION**

**SOUTH HARRISON TOWNSHIP**

**664 Harrisonville Road**

**Mullica Hill, NJ 08062**

**(856)769-4444 Ext. 116, Fax (856)769-4434**

TO WHOM ISSUED \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED \_\_\_\_\_

ZONING ADMINISTRATIVE OFFICER

DISAPPROVED \_\_\_\_\_

ZONING ADMINISTRATIVE OFFICER

**\*ALL ZONING APPLICATIONS MUST INCLUDE A COPY  
OF YOUR SURVEY AND THE APPROPRIATE FEE AT  
TIME OF SUBMISSION\***