

Application Fee Must Be Paid at Time of Submission

Borough of Cape May Point Zoning Application

215 Lighthouse Avenue, P.O. Box 490 Cape May Point, New Jersey 08212
Capemaypoint.org 609-884-8468

BLOCK: _____ LOT: _____ ZONING _____

PROJECT LOCATION: _____

EXISTING USE: _____ PROPOSED USE: _____

PROPERTY OWNER: _____ PHONE #: _____

MAILING ADDRESS: _____ EMAIL: _____

APPLICANT NAME: _____ PHONE #: _____

MAILING ADDRESS: _____ EMAIL: _____

DESCRIPTION OF PROJECT – CHECK ALL THAT APPLY, ADD ALL COSTS FOR TOTAL FEE DUE

<input type="checkbox"/> New Dwelling	\$200	<input type="checkbox"/> Accessory Bldg. < 200sf	\$50	<input type="checkbox"/> Shower Enclosure	\$50
<input type="checkbox"/> Addition >= 200sf	\$200	<input type="checkbox"/> Fence	\$50	<input type="checkbox"/> A/C Units	\$50
<input type="checkbox"/> Addition < 200sf	\$100	<input type="checkbox"/> Deck/Patio	\$50	<input type="checkbox"/> Alterations	\$50
<input type="checkbox"/> Accessory Bldg. >= 200sf	\$100	<input type="checkbox"/> Landscaping	\$150	<input type="checkbox"/> All Other Construction*	\$50
<input type="checkbox"/> Each subsequent revision: \$100 per application.					

*Other _____ **TOTAL DUE \$** _____

EACH APPLICATION MUST BE ACCOMPANIED BY A SEALED SURVEY, PLANS OF PROPOSED WORK AND RELATED DOCUMENTS

Survey prepared by: _____ Dated: _____

Plans prepared by: _____ Dated: _____

Landscape plan prepared by: _____ Dated: _____

List & Submit all prior approvals: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction.

SIGNATURE OF APPLICANT: _____ DATE: _____