Planning / Zoning
TOWNSHIP OF WASHINGTON / GLOUCESTER COUNTY
MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE NJ 08012
856-589-0520 ext. 2233 or 2228

Welcome to the Washington Township Permit Process. Our goal is to make your experience as simple and efficient as possible. You can help us by ensuring that your application is correct and complete. Please clearly print or type all necessary information on the application and submit all required documentation. The documentation required is outlined below. Requirements for Home Office Occupation must meet all requirements listed in Chapter 285-192 entitled "Accessory Residential Uses".

Zoning Permit Checklist – Items to be submitted

The following documentation must be included with your Zoning Permit Application:

- Zoning Permit Application (See attached application)
- **$100** Application Fee - check made payable to "Washington Township"
- Signature of Property Owner (See attached application)
- Email where Zoning Permit is to be sent

Review of Application

Upon receipt of a complete Zoning Permit Application, the Zoning Officer shall have ten (10) business days to review and act upon said application. A Zoning Permit decision will be issued to the applicant **via email** upon completion of review. (Please check spam folder if not received)

Additional Requirements after Zoning Approval to complete the approval process.

1. Please check with the Construction Department to determine if your project requires additional approvals. Each department has their own policies for accepting applications. For most applications, zoning needs to be obtained before the Construction Department will accept the application for the project.
2. After approvals from the Zoning Department and Construction Department, you may apply **for a Business Registration.** This application is available in the Zoning Department.

Planning / Zoning

TOWNSHIP OF WASHINGTON / GLOUCESTER COUNTY

MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE NJ 08012

856-589-0520 ext. 2233 or 2228

ZONING PERMIT APPLICATION – HOME OFFICE OCCUPATION

Date_____ Fee $100.00 ☐ **Check# _____** ☐ **Cash _____**

Owner: _____ Block: _____ Lot: _____ Zone: _____

Address: _____ Phone: _____

_____ Email: _____

Do you have an association that requires external approval? No_____ Yes_____, approval must be attached

What type of business is being conducted on property? _____

_____

➢ **Description of Home Occupation:**

1. Will home occupation be conducted entirely in your home or accessory building? Yes_____ No_____
2. Will the business be conducted in 25% or less of principle structure? Yes_____ No_____
3. Will business be conducted by **you** or a member of your immediate family residing in the home? Yes_____ No_____
4. Will there be an employee/family member involved in business who does not reside in home? Yes_____ No_____
5. Will your occupation create an external change to residential property/accessory structure? Yes_____ No_____
6. Will storage of equipment or materials be inside your home or accessory building? Yes_____ No_____
7. Will you be installing a sign for the home occupation? Yes_____ No_____
8. Will retail sales of goods or services offered be primarily conducted by mail, computer media, telephone or similar means as to not generate traffic by clients or customers visiting property? Yes_____ No_____
9. Will any hazardous materials be used at property? Yes_____ No_____
10. Will the occupation require deliveries to property outside of normal courier or mail delivery? Yes_____ No_____
11. Will there be any commercial vehicles located at the property? Yes_____ No_____
    a. If yes, will vehicle be over 7,000 pounds? Yes_____ No_____
    b. Will vehicle be stored off street? Yes_____ No_____
12. Any outside agency approvals required? State, County, Health Department, Municipality, etc. Yes_____ No_____

==========

By signing this application, you are certifying that the above stated information is accurate and the survey (if applicable) submitted with this application is a true representation of the property with the exception of any work proposed by this application. The Zoning Officer reserves the right to inspect all improvements to verify compliance with the authorized zoning permit.

Owner Signature: _____ Date: _____