

APPLICATION FOR A ZONING PERMIT

BOROUGH OF HAMBURG
 Zoning Office
 16 Wallkill Ave., Hamburg, NJ 07419
 Tel: 973-827-9230 Ext. 4015
 Fax: 973-827-0466

Date:	Block:	Lot:	Zone:
Name of Applicant:		Location of Premises:	
Address of Applicant:			
Street	Town	Zip Code	Phone
Name of Owner (if different from Applicant):			
Address of Owner:			
Street	Town	Zip Code	Phone
Description of Proposed Use or Structure (what is it you want to do and/or build?):			

*Please attach a sketch or Plot plan showing: Size of Plot, Bounding Streets; Size, Type and Location of Existing and Proposed Structures, and Distances to all Property Lines.

Prior Approvals on Subject Premises: Planning Board:	Date of Approval:		
Zoning Board:	Date of Approval:		
Contractor or Person Doing Work (if different than Owner):			
Address:			
Street	Town	Zip Code	Phone

Residential Application Fee: \$25 Commercial Application Fee: \$35

ALL CHECKS MUST BE MADE OUT TO HAMBURG BOROUGH

FEEES MUST ACCOMPANY APPLICATION* Paid _____ Check No. _____ Cash _____ Received By _____

I hereby give permission for the Borough of Hamburg Zoning Official to come upon and inspect these premises with respect to this application.

Date: _____ Print Name: _____ Signature: _____

**Failure to provide all requested documents will halt the processing of this application and it will be deemed incomplete.*

ZONING PERMIT No. _____

This is to certify that the above described premises, together with any buildings thereon, are used or proposed to be used for, or as: _____

Special Conditions: _____

And is a: Use Permitted by Ordinance
 Use Permitted by Variance approved on _____ subject to any condition(s) of the resolution
 Valid non-conforming use (according to NJSA 40:55D-68)

Zoning Officer
 Office Hours: Tues. 8 AM – 1 PM

Date

**NOTE: This document is NOT a Building Permit!
 A Building Permit MUST be obtained prior to the commencement of any construction!*