

APPLICATION FOR A ZONING PERMIT

BOROUGH OF HAMBURG
Zoning Office
16 Wallkill Ave., Hamburg, NJ 07419
Tel: 973-209-4545 Fax: 973-827-0466
Email: Zoning@hamburgnj.org

Date:	Block:	Lot:	Qualifier:	Zone:
Name of Applicant:			Location of Premises:	
Address of Applicant:				
Street	Town	State	Zip Code	Phone:
Name of Owner (if different from Applicant):				
Address of Owner:				
Street	Town	State	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	State	Zip Code	Phone:

Residential Application Fee: \$25

Commercial Application Fee: \$35

ALL CHECKS MUST BE MADE OUT TO HAMBURG BOROUGH

FEES 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 – 3 PM

Date

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