TOWNSHIP OF HARDYSTON
149 Wheatsworth Road, Suite A
Hardyston, New Jersey 07419
Tel: 973-823-7020 Ext. 9445
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APPLICATION FOR A ZONING PERMIT

Please Print or Type

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

Application Fee-Basic Fee: $25 - New Residential Structures: $100 - New Commercial Structures - $150.
FEES MUST ACCOMPANY APPLICATION* Paid _____ Check No._____ Cash_____

I hereby give permission for the Hardyston Township 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 attached to the grant thereof. _____
Valid non-conforming use (according to NJSA 40:55D-68) _____

_____
Zoning Officer **Date**

Office Hours: Wednesday and Thursday, 10 am to 2 pm

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