

TOWNSHIP OF HARDYSTON
 149 Wheatsworth Road, Suite A
 Hardyston, New Jersey 07419
 Tel: 973-823-7020 Ext. 9455

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 Fees: Basic Fee: \$25 New Residential Structures: \$250 New Commercial Structures: \$150.
FEEs MUST ACCOMPANY APPLICATION* Paid _____ Check No. _____ Cash _____ Received By _____.

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!**