

TOWNSHIP OF HARDWICK

Zoning Permit Application

Please submit all of the following information to the Zoning Officer in person, or by mail to the address below

_____ **FEE** (Payable to Hardwick Township, Check
(Personal, Certified or Money Order)

_____ **SITE PLAN/copy of PROPERTY SURVEY**
(Show approximate locations for all existing &
proposed structures, septic & well, dimensions, height,
and setbacks from other buildings, lot lines and public right
of ways)

_____ **BUILDING & FLOOR PLANS** (if applicable)

_____ **CERTIFICATION OF TAXES PAID**

Tax Collector's Signature

Date

APPLICATION COMPLETE READY FOR REVIEW

Zoning Officer Signature

Date

A. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Phone Number _____

B. PROPERTY INFORMATION

Location: _____

Block: _____ Lot(s) _____

Lot Size _____ Zone _____

C. PROPOSED STRUCTURE OR USE

Description _____

Check one: _____ Principal Use _____ Accessory Use

Dimensions _____ Height _____ Square footage _____

Setbacks (in feet) FRONT _____ REAR _____

SIDE _____ SIDE _____

(left)

(right)

D. HAVE YOU RECEIVED A VARIANCE FOR THIS PROPERTY IN THE PAST? _____

(If YES, please attach a copy of resolution, approved site plan and/or other approvals)

E. I Hereby Certify that Everything Presented in this Application Package is True to the Best of My Knowledge & Grant Permission to Inspect Subject Premises, if Necessary, for Review:

Applicant's Signature

Date

Property Owner's Signature

Date

THIS PERMIT IS HEREBY

ISSUED/DENIED

PERMIT#: _____

Zoning Official's Signature

Date

COMMENTS / CONDITIONS:

Please Note: In addition to applicable building permits, applicant is still responsible for obtaining all associated local, county and/or state approvals as required by law.

Attn: Zoning Officer, Hardwick Township, 40 Spring Valley Road, Hardwick, NJ 07825

Phone: 908-362-6528 / Fax: 908-362-8840

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