

**Township of Hardwick**  
**Zoning Department**  
**(908) 362-6528**

*Instructions for Zoning Permit Application*

Please be prepared to submit a scaled map/survey of property with this application. You will then be requested to indicate the location/dimensions of any proposed new structures. **(Note: If you shrink the copy of the original survey, you must identify the appropriate scale)**

Please be prepared to pay the required zoning permit fee upon submittal of the application. The nonrefundable fee for zoning permits is according to the following schedule:

Detached Single Family Dwellings:	\$50.00
Additions, Accessory Structures, Buildings, or Uses etc.:	\$35.00

All sections must be filled in or marked not applicable with an "N/A".

When obtaining a zoning permit for the construction of a new house, addition, garage, shed, pool or other structure that requires a building permit, building and floor plans **must be** submitted with this application.

Please provide either the exact street address and/or the block and lot designation. The Zoning Department can provide the ZONE classification.

Please provide the applicant's name, address and phone number (daytime contact number). It is also recommended that contractors provide a phone number and contact person on the application form.

Describe in detail the proposed use and/or square footage of any proposed structures, their location and intended use. For example: "16 X 10 ft. first floor, open deck" OR "200 sq. ft. inground pool with 3 ft. patio surround".

Submit a copy of site plan/property survey that shows the approximate location for all existing and proposed structures, septic and well, dimensions and heights. Setbacks from other buildings, lot lines and public right of ways must also be shown "to scale" on this plan.

**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

*Date of Publication January 4, 2018*