TOWNSHIP OF HAMPTON

SUSSEX COUNTY
NEW JERSEY

Office of the Construction Official
Robert Huber
973-383-8845 ext. 16

Zoning Officer
Allison LaRocca
973-383-8845 ext. 28

APPLICATION FOR ZONING PERMIT

NOTE: PLEASE ATTACH (1) COPY OF PROPERTY SURVEY WITH LOCATION OF EXISTING AND PROPOSED STRUCTURES

Date of Application_____Block_____Lot_____

Applicant_____Phone No._____
Owner of Premises_____Phone No._____
Address of Owner_____
Premises located in the _____zone. Current Use_____
Did these premise of its current use ever receive a variance or been subject to conditions of the Planning Board (Zoning Board) of the Township of Hampton? YES ( ) NO ( )

Proposed Use (Please describe in detail the intended use and dimensions of the building, addition, shed, sign, etc. that is proposed to be built or displayed)

_____
_____
_____
_____

I hereby certify in lieu of oath that the above statement and answers are true to the best of my knowledge.

Date_____ _____
Signature of Applicant, Title

_____
Name of Business or Tradename

Do not write in this space

$50 Zoning Fee paid by _____Cash or ____Check (Check #_____) Please make checks payable to Hampton Township
( ) Application Approved ( ) Application Denied- State of Reason:_____
Date_____

_____
Signature of Zoning Officer

PLEASE NOTE: Provide all of the requested information. If the information is not provided the application with be considered incomplete and will be returned to applicant.