

HAMPTON TOWNSHIP

TOWNSHIP CLERK/
ADMINISTRATOR
383-5570 Fax 383-8969

R.D. 10, BOX 10247
NEWTON, N.J. 07860

TREASURER
383-1041

TAX ASSESSOR
383-3812

BUILDING DEPT./
ZONING OFFICIAL
383-8845

TAX COLLECTOR
383-1692

ROAD DEPT.
383-8745

HAMPTON TOWNSHIP BOARD OF HEALTH

VARIANCE APPLICATION INSTRUCTIONS

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- a.a. A written request for a variance must be filed with the Board of Health Secretary no later than fourteen (14) days before the next scheduled Board of Health meeting. If the application is not filed in a timely manner, the application will be heard at the next available meeting. In case of emergency situations, you must contact the Board Secretary to follow different procedure.
 - b. The application must state the name of the applicant, the name of the property owner if other than the applicant, the tax block and lot number, street address, the particular sections of this Chapter that are requested to be varied, the nature of the variance and the reasons why such a variance should be granted.
 - c. A copy of the Sussex County Health Department denial to issue the necessary permit must be submitted along with any plans submitted to them.
 - d. The applicant must give notice of the application to all owners of real property within 200 feet of the boundaries of the subject matter property as reflected in the tax records of the Township of Hampton. In an emergency situation, as determined by the Board of Health, notice may be waived for the first appearance by an applicant before the Board of Health, however, any subsequent appearances would have to be noticed.
 - e. Said notice must be sent by certified mail, return receipt requested, and by regular mail, and must include a copy of the application and notice as to the time, date, and place of the meeting wherein it will be considered.
 - f. Applicant if other than owner, must submit an affidavit or certification from the owner granting permission for application.
 - g. The applicant or his or her duly authorized agent must appear before the Board of Health in person in order to give sworn testimony in support of the application. The applicant in addition may call other witnesses to testify and has the right to cross-examine any witnesses presented by the Board or by any objectors to the application.
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INFORMATION REQUIRED FOR VARIANCE APPLICATION

- _____ One (1) copy of the Township of Hampton Board of Health applicaiton.
- _____ One (1) copy of the original plan and application submitted to the zoning board of adjustment or planning board of the Township of Hampton, if applicable.
- _____ One (1) copy of the denial of the permit from the County of Sussex Health Department.
- _____ Three (3) copies of alternate design proposed by your licensed engineer
- _____ A cover letter explaining your request.
- _____ Notice of adjoining property owners, if applicable.

COMPLETE APPLICATIONS MUST BE SUBMITTED AT LEAST (14) DAYS BEFORE
THE BOARD OF HEALTH MEETING.

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BOARD OF HEALTH

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VARIANCE APPLICATION

BLOCK _____ LOT _____

PROPERTY LOCATION _____

NAME OF APPLICANT _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

NATURE OF VARIANCE: _____

SECTIONS OF ORDINANCE NEED VARIANCE FOR: _____

DATE OF COUNTY HEALTH DENIAL: _____

REASONS WHY VARIANCE SHOULD BE GRANTED: _____

INTEREST OF APPLICANT IF OTHER THAN OWNER: _____

IS THERE PENDING APPLICATION WITH ANY OTHER BOARDS? _____

IF SO, WHAT BOARD? _____

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REASONS FOR APPLICATION: _____

WHEN WILL APPLICATION BE HEARD? _____

HAS ANY APPLICATIONS BEEN MADE TO OTHER BOARDS IN THE PAST YEARS? _____

Date: _____

SIGNATURE OF APPLICANT: _____

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Dear _____

Please be advised that on _____

A hearing will be held before the Hampton Township Board of Health
on the variance application of the undersigned to permit _____

_____ on the property located at _____

AND DESIGNATED AS Block-----Lot_____ ON THE Township
of Hampton Tax Map.

Any interested party may appear at the hearing and participate
in accordance with the rules of the Board of Health.

The items listed below will be in the office of the Secretary
of the Board of Health and are available for inspection during
regular business hours.

Signature of Applicant/Applicants

Date: _____