

Zoning Officer:
609-466-2636 x107
zoning@hopewellboro-nj.us

BOROUGH OF HOPEWELL
ZONING PERMIT APPLICATION

Application is hereby made for a Zoning Permit in conformity with the requirements of the Ordinances of the Borough of Hopewell and any amendments thereto for the following:

PROPERTY LOCATION

Street Address: _____
Block: _____ Lot: _____

PROPERTY OWNER

Name: _____

Address: _____ State: _____ Zip: _____

Telephone Number (please include area code): _____

(Signature of Owner)

(Date)

INSTRUCTIONS

Complete all applicable items and attach two (2) copies of a dimensional plan showing lot, existing structures and proposed work.

Fees: \$50.00 (NON-REFUNDABLE)

Payable to: Borough of Hopewell

PURPOSE

Non-Residential or Multifamily

____ Change of Use

____ Change of Occupancy

New Construction or Additions

____ Erect a Structure

____ Add to a Structure

____ Alter a Structure

____ Demolish a Structure

____ Relocate a Structure

____ Erect a Sign

____ Erect a Fence

____ Change a Use

____ Others (describe) _____

PROPERTY DESCRIPTION

Zone: _____

Accessory Building(s) _____

Lot Area: _____ sq.ft.

Front Yard _____ ft. from property line

Lot Frontage: _____ ft.

Side Yard _____ ft. from property line

Floor Area: _____ sq.ft.

Rear Yard _____ ft. from property line

Lot Coverage: _____ per cent

No. of off street parking spaces: _____

Bldg. Height _____ Stories: _____

Area of Bldg: _____ sq.ft.

PROPERTY DIMENSIONS

Front: _____ ft.

Right: _____ ft.

Rear: _____ ft.

Left: _____ ft.

(PLEASE CONTINUE ON OPPOSITE SIDE)

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PRESENT USE OF PROPERTY (Brief description of characteristics of existing building(s), if any)

PROPOSE USE OF PROPERTY (Brief description)

Apartments: _____ Number: _____
Will they be Accessory Apartments (COAH)? _____ Yes _____ No

Retail Sales: _____	Type of Product: _____
Professional Office: _____	Describe: _____
Business Office: _____	Describe: _____
Service Estab: _____	Describe: _____
Others: _____	Describe: _____

Number of Employees: _____ Full Time _____ Part Time
Number of Weekly Visits: _____ Customers _____ Deliveries

Others (Explain): _____
Will business use or handle of any hazardous materials? _____ Yes
_____ No

If YES, describe: _____
If YES, does Federal or State law require special registration? _____ Yes _____ No

If YES please explain: _____

USE ON ADJOINING LOTS

SIGNS

Proposed Location: _____
Area of Sign: _____ sq.ft.

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MUNICIPAL USE ONLY

Date Application Received: _____	Check # _____
	Amount: _____
Zoning Permit Approved: _____	By : _____
Permit No.: _____	Zoning Officer
	Date: _____

Certificate of Appropriateness Required? _____
If YES, date forwarded to Historical Advisory Committee: _____

Zoning Officer

cc: Construction Official
Planning Board Secretary

Rev. 8/2015