The Town of
Hackettstown
*New Jersey*

**THE TOWN OF HACKETTSTOWN**
***Zoning Department***
Phone: (908) 852-3702
Fax: (908) 852-2538
Email: zoning@hackettstown.net
Hours: Tuesday & Thursday: 9 a.m.-3:00 p.m.

# ZONING PERMIT APPLICATION

Please submit all of the following information to the Zoning Office in person, or by mail to: Zoning Officer, Town of Hackettstown, 215 Stiger Street, Hackettstown, NJ 07840 and make your **check payable to "Town of Hackettstown"**.

FEE (schedule on back) _____ Received _____ Check _____ Cash _____

TO SCALE: Show approximate locations for all existing and proposed structure, dimensions, heights and setback from other buildings and lot lines.

☐ ENGINEERING APPROVAL (if applicable) ☐ SITE PLAN / copy of PROPERTY SURVEY

☐ BUILDING PLANS / FLOOR PLAN SKETCH (required for new homes, offices, and additions)

APPLICATION COMPLETE: Ready for maximum 10-day review _____
Zoning Official's Signature Date

**A. APPLICANT INFORMATION**

Name: _____

Mailing Address: _____

_____

Phone No. _____
(Daytime only, please)

**B. PROPERTY INFORMATION**

Property Owner: _____

Location: _____

Block: _____ Lot(s): _____

Lot size: _____ Zone: _____

C. **PROPOSED STRUCTURE OR USE** (Example: open deck, addition, shed, new business)

Description: _____

$ _____ Proposed Cost Check one: ☐Principal Use ☐ Accessory Use

- Applications for new business or change of use will require an additional application obtained from this office.
- The property owner shall be responsible for the accuracy of the setback as noted below and on the survey for all additions, accessory structures (including pools) and accessory buildings.

Dimensions _____ Height_____ Square Footage _____

Setbacks (in feet) Front _____ Rear_____

Distance of proposed structure from lot lines: Right Side _____ Left Side _____

D. HAVE YOU RECEIVED A VARIANCE / SITE PLAN APPROVAL FOR THIS PROPERTY IN THE PAST? _____
(If YES, please attach copy of resolution, approval 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 and grant permission to inspect subject premises, if necessary, for review:

_____ _____
Applicant's Signature Date Property Owner's Signature Date

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THIS PERMIT IS: ☐ ISSUED ☐ DENIED PERMIT NO. _____

Zoning Official's Signature _____ Date _____

COMMENTS / CONDITIONS: _____

_____

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

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Please be advised that a Zoning Application / Permit cannot be processed or deemed complete until the appropriate fee has been paid. **Please make check payable to "Town of Hackettstown".** The fee schedule is as follows (proposed cost for renovation / additions):

| Zoning Permits | Fee |
|---|---|
| Residential renovations/additions and accessory structures/buildings (less than $10,000) | $40.00 |
| Residential renovations/additions and accessory structures/buildings (greater than $10,000) | $75.00 |
| New Single-Family Dwelling Units | $100.00 |
| Commercial – New Business or Change of Use | $75.00 |
| Commercial renovations/additions and accessory structures/buildings (less than $100,000) | $100.00 |
| Commercial renovations/additions and accessory structures/buildings (greater than $100,000) | $150.00 |
| Residential – Resubmitted/Amended Zoning Application OR Work Commenced / Completed without prior zoning approval | $25.00 |
| Commercial – Resubmitted/Amended Zoning Application OR Work Commenced / Completed without prior zoning approval | $50.00 |
| Commercial renovations / additions and accessory structures / buildings when covered by Ordinance Section 802 (B) (3) and (4) | $250.00 |

PLEASE NOTE: In addition to applicable building permits, applicant is responsible for obtaining all associated local, county and/or