

**TOWNSHIP OF HOPE
P.O. BOX 284
HOPE, NJ 07844
908-459-5011 ext. 3
ZONING APPLICATION/CHANGE OF USE FORM**

Date:

Block: Site Address:

Lot:

Zone District: Lot Size:

Applicant:

Telephone(Home):

(Office):

Fax Number:

On behalf of:

Name of Previous Owner/Tenant:

Description of Previous Use:

Description of Proposed New Use:

Approximate square footage of building or space for new use

Has a Variance been granted on this lot? _____ If so, when?

Site Plan: Show all existing (and proposed) structures, their dimensions and distance to any other buildings, well, septic, and all front, side and rear boundaries. Show presence or absence of any wetland on subject property.

Is a new sign required for the new use? _____ If yes, please pick up a form for a sign permit.

I hereby certify that the above information is true to the best of my knowledge.

Applicant Signature

Date Paid:

Fee:

Check #

Based on the information, this application is:

Denied _____ *Conditionally approved _____ Approved _____
Permit # _____

Zoning Officer _____

Date deemed complete _____

*Conditional approval based on concurrent findings of the Construction Official and the Zoning Officer. Notice to the Planning Board.