

# TOWNSHIP OF HOPE

## Zoning Permit Application

Please submit all of the following information to the Zoning Officer in person, or by mail to the address below

\_\_\_\_\_ **FEE** (Payable to Hope Township, Check  
(Personal, Certified or Money Order)

\_\_\_\_\_ **SITE PLAN/copy of PROPERTY SURVEY**  
(Show approximate locations for all existing & proposed structures, septic & well, dimensions, height, and setbacks from other buildings, lot lines and public right of ways)

\_\_\_\_\_ **BUILDING & FLOOR PLANS** (if applicable)

\_\_\_\_\_ **CERTIFICATION OF TAXES PAID** \_\_\_\_\_  
Tax Collector's Signature Date

<b>APPLICATION COMPLETE READY FOR REVIEW</b> _____
Zoning Officer Signature <span style="float: right;">Date</span>

**A. APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**B. PROPERTY INFORMATION**

Location: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot(s) \_\_\_\_\_  
Lot Size \_\_\_\_\_ Zone \_\_\_\_\_

**C. PROPOSED STRUCTURE OR USE**

Description \_\_\_\_\_  
Check one: \_\_\_\_\_ Principal Use \_\_\_\_\_ Accessory Use  
Dimensions \_\_\_\_\_ Height \_\_\_\_\_ Square footage \_\_\_\_\_

**The property owner shall be responsible for the accuracy of the setbacks as noted below and on the survey for all additions, accessory structures (including pools) and accessory buildings.**

Setbacks (in feet)	FRONT _____	REAR _____
Distance of proposed structure from lot lines	SIDE _____ <i>(left)</i>	SIDE _____ <i>(right)</i>

**D. HAVE YOU RECEIVED A VARIANCE FOR THIS PROPERTY IN THE PAST?** \_\_\_\_\_  
*(If YES, please attach a copy of resolution, approved 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 & Grant Permission to Inspect Subject Premises, if Necessary, for Review:**

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Property Owner's Signature</i>	_____ <i>Date</i>
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**THIS PERMIT IS HEREBY ISSUED/DENIED PERMIT#: \_\_\_\_\_**

\_\_\_\_\_  
*Zoning Official's Signature* \_\_\_\_\_  
*Date*

**COMMENTS / CONDITIONS:**

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

Attn: Zoning Officer, Hope Township, P.O. Box 284, Hope, NJ 07844, Phone: 908-459-5011 ext 3./ Fax: 908-459-5336