TOWNSHIP OF HOPE Zoning Permit Application

Please submit all of the following information FEE* (Payable to Hope Township, Che			<u>y mail to the address</u> y of PROPERTY S		
(Personal, Certified or Money Order)		(Show approximate locations for all existing &			
*For fee exemption, see bottom of Instruction Sheet		proposed structures, septic & well, dimensions, height,			
			n other buildings, lot	lines and public righ	
BUILDING & FLOOR PLANS (if ap	plicable)	of ways)			
CERTIFICATION OF TAXES PAID)				
		Tax Collector's Signature		Date	
APPLICATION COMPLETE REAL	DY FOR RE				
		Zoning Officer Signature		Date	
A. APPLICANT INFORMATION	·	B. PROPERTY INFORMATION			
Name:	_	Location: _		 	
Mailing Address:			Lot(s)		
	_	Lot Size	Zone		
Phone Number					
C. PROPOSED STRUCTURE OR USE					
Description Principal Use					
Check one: Principal Use		Accessory Use			
Dimensions	1	Height Square footage			
The property owner shall be responsible for additions, accessory structures (including po			ted below and on th	e survey for all	
Setbacks (in feet)	FRONT		REAR		
Distance of proposed structure from lot lines	SIDE		SIDE(right)		
		(left)	(right)		
D. HAVE YOU RECEIVED A VARIANCE (If YES, please attach a copy of resolution, appro			PAST?	-	
E. I Hereby Certify that Everything Present Knowledge & Grant Permission to Inspec				Му	
Applicant's Signature Date	?	Property Owner'	s Signature	Date	
THIS PERMIT IS HEREBY	ISSUED/DEN	NIED	PERMIT#:		
Zoning Official's Signature COMMENTS / CONDITIONS:		Date			

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