



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

B. PROPERTY INFORMATION

Name: _____

Property Owner: _____

Mailing Address: _____

Location: _____

Block: _____ Lot(s): _____

Phone No. _____
 (Daytime only, please)

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

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 state approvals as required by law.