

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.

COMMERCIAL - NEW BUSINESS OR CHANGE OF USE FORM

ZONING APPLICATION FEE: \$75.00

Note: Zoning Permit Form must accompany this form.

Block:	Site Address:	Date:
Lot:	Zone District:	Lot Size:
Applicant:		Phone (Home):
Email:		Phone (Office):
Phone (Cell):		Fax Number:
On Behalf of:		
Name of Previous	us Owner/Tenant:	
Description of p	revious use:	
Description of p	roposed new use:	
Approximate sq	uare footage of building or spa	ce for new use:
Has a variance	been granted on the lot:	Yes No If so, when
Is a sign permit	required for the new use?	Yes (obtain permit) No
	new business or change of user letter describing operations.	e must be accompanied by floor plan sketch, business
I hereby certify t	that the above information is tru	ue to the best of my knowledge
Applicant Signa	ture	Date Paid
		Check #:
Based on the in	nformation, this application i	s:
Denied _	*Conditionally Approved	Approved Permit No.
*Conditional App	proval based on concurrent find	dings of the Construction Official.
Zoning Officer		Date Deemed Complete