



ZONING PERMIT APPLICATION INSTRUCTIONS

HILLSBOROUGH TOWNSHIP
Planning & Zoning Department
Hillsborough Municipal Complex
The Peter J. Biondi Building
379 South Branch Road
Hillsborough, NJ 08844
www.hillsborough-nj.org
(908) 369-8382

-See Application on Reverse Side-

Welcome to the Hillsborough Township Permit Process. Our goal is to make your experience as simple and efficient as possible. You can help us by ensuring that your application is correct and complete. Please clearly print or type all necessary information on the Application and submit all required support materials. The support documentation is outlined below. Check the "Point of Contact" box for who this department should contact with any questions or concerns about the proposed work or application. If you have any questions, please call the Planning & Zoning Department at 908-369-4313, ext 7180 or email cdavis@hillsborough-nj.org.

Zoning Permit Required

A Zoning Permit is a document signed by the Zoning Officer which is required by Section 188-17 of the Hillsborough Development Regulations Ordinance as a condition precedent to the commencement of a use or the erection, construction, reconstruction, alteration, conversion or installation of a structure or building and which acknowledges that such use, structure or building complies with the zoning provisions of this chapter or a variance therefrom duly authorized by a municipal agency pursuant to the Municipal Land Use Law.

Zoning Permit Checklist – Items to be Submitted, Residential Applications

Please provide the following documentation and check off each to confirm that you have provided a complete application:

- Zoning Permit Application (See Reverse Side) and Attachment A
- Two (2)** copies of a survey location plan to scale with proposed improvement(s)
- Application Fee, \$25, as a check made payable to "Hillsborough Township"
- A Flood Zone Certification (FZC) for the property OR a **separate** check for \$10
- Impervious coverage calculation sheet for all projects involving impervious improvements
- One (1) copy of the building plan for the project
- Letter of approval from Home Owners' Association, if applicable

Zoning Permit Checklist – Items to be Submitted, Non-Residential Applications

Please provide the following documentation and check off each to confirm that you have provided a complete application:

- Zoning Permit Application (See Reverse Side) and Attachment B
- Letter of approval from Property Owner or Signature on reverse side
- One (1) copy of the building plan for the project, unless final plans are on file
- Application Fee, \$25, for all new structures and new tenants in new tenant space

Submission of Application

Please check with the Engineering and Building Departments to determine if your project requires additional approvals. Each department has their own policies for accepting applications. For most residential applications, Zoning and Engineering approvals need to be obtained before the Building Department will accept an application for the project.

Review of Application

Upon receipt of a complete Zoning Permit application, the Zoning Officer shall have ten (10) business days to review and act upon said application. A Zoning Permit or a denial will be issued to the applicant through the US Postal Service or email upon completion of review.



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Applicant Information	
Property Owner <input type="checkbox"/> Point of Contact Name: _____ Address: _____ City, State, Zip: _____ Phone: _____	Contractor or Business Owner <input type="checkbox"/> Point of Contact Name: _____ Address: _____ City, State, Zip: _____ Phone: _____
Preferred Delivery: <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail, Provide: _____	

Worksite Information
Work Site Address: _____ <i>(If applicable, please include building and suite #)</i> Block: _____ Lot: _____ Zone: _____ Water (check one): <input type="checkbox"/> Well <input type="checkbox"/> Public Sewer (check one): <input type="checkbox"/> Septic <input type="checkbox"/> Public Is the premise listed as a historic property or located in a historic district? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Development (if applicable): _____ Do you have an association that requires exterior approval? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide a copy of approval letter Was Board approval required for this improvement and/or property? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide application #: _____

Proposed – Select Type of Improvement(s) below:

Residential (Attachment A)	Non-Residential (Attachment B)	
<input type="checkbox"/> New Principal Structure	<input type="checkbox"/> New Tenant / Use	Sign(s)
<input type="checkbox"/> Addition	<input type="checkbox"/> New Principal Structure	<input type="checkbox"/> Wall
<input type="checkbox"/> Deck	<input type="checkbox"/> Addition / Alteration	<input type="checkbox"/> Freestanding
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Wireless Telecommunications	<input type="checkbox"/> Temporary
<input type="checkbox"/> Driveway (New/Pave/Expand)	<input type="checkbox"/> Clothing Bin	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Walkway / Patio / Landing	<input type="checkbox"/> Sidewalk Café	
<input type="checkbox"/> Other: _____ <i>Alteration, Conversion, Home Occupation, etc</i>	<input type="checkbox"/> Tenant Fit-Out	
	<input type="checkbox"/> Other: _____	

By signing this application you are certifying that the above stated information is accurate and the survey (if applicable) submitted with this application is a true representation of the property with the exception of any work proposed by this application. The Zoning Officer reserves the right to inspect all improvements to verify compliance with the authorized zoning permit.

Property Owner Signature: _____ Date: _____

Contractor/Business Owner Signature: _____ Date: _____

OFFICIAL USE ONLY:

Date Received: _____ Fee(s): _____ Receipt #: _____ Deadline Date: _____
 Check #: _____ ZPAN #: _____ Decision Date: _____
 Comments: _____



ZONING PERMIT APPLICATION ATTACHMENT B NON-RESIDENTIAL

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The sections below are project specific; most projects will require that you only complete one of the sections. Please read the project descriptions below to determine which section(s) applies to your project.

Is your business moving into a newly constructed or existing non-residential retail office space?

Complete Section 1: Change Use/Tenant -Existing Building & New Use/Tenant - New Structure

Are you installing a new sign, or changing location, sign face, or message of existing sign?

Complete Section 2: Permanent Signs

Are you requesting a temporary sign to advertise a business or event?

Complete Section 3: Temporary Signs

Is your project not listed on this attachment?

Contact the Planning & Zoning Department

Section 1: Change Use/Tenant – Existing Building & New Use/Tenant – New Structure

1. Business Name: _____

2. Doing Business As (If different from business name): _____

3. Principal Use for which permit is requested: _____

*This is the primary use the business will conduct. Accessory uses (uses that are subordinate, incidental to or customarily found in connection with the principal use) should not be listed. For example, the **principal use** may be warehousing, shipping, and receiving while the accessory use is an office.*

4. Specific nature of business to be conducted (description): _____

If more space is needed, please provide an attachment

5. Would you like your personal contact information found on the application forwarded to the Business Advocate? The Business Advocate may contact you to assist you throughout the permitting process.

No Yes

6. Existing tenant moving locations in the same development?

No Yes

7. State and/or Local License associated with use?

No Yes, indicate type and license#: _____

8. Is this the same business with a different owner and/or business name?

No Yes, new owner Yes, indicate old name: _____

9. Outdoor storage proposed? No Yes, explain: _____

Storing toxic or highly flammable chemicals or gases?

No Yes, explain: _____

Storing gasoline, fuel oils, gases, chemicals or other flammable, corrosive or toxic substances?

No Yes, indicate quantities in total liquid gallons or equivalent: _____

(Max ≤: 30,000 liq. Gal.)

Section 2: Permanent Signs

1. Does your location have a sign manual/plan? No Yes, answer the following:
Name of Development/Project: _____
2. Sign Type:
 Wall mounted
Choose one: New or Alteration of Sign Face
 Freestanding
Choose one: New or Alteration of Sign Face
3. Total size of sign: _____ square feet
Height of sign: _____ feet
4. Will your sign be illuminated? No Yes, check all that apply:
 Internal (Dark background & light lettering required) or External
5. Please provide **two (2) color images** along with the specs of the proposed sign(s) with your application.

Section 3: Temporary Signs

1. Sign type:
 Business Advertising (Max: 4SF)
 Event (Max: 12SF)
 Political Campaign (Max: 12SF)
 Grand Opening Banner (Max: 24 SF)
Choose one: Attached to Ground or Attached to Establishment
Will there be a search light display? Yes No
2. Total size of sign: _____ square feet
Height of sign : _____ feet
3. Dates on which sign(s) will be displayed: _____ to _____
Advertising signs & Grand Opening banners may be displayed for a maximum of 30 days. Event signs may be displayed a maximum of 15 days before the event. Campaign signs may be erected no earlier than 30 days before the election.
4. Complete for **Business Advertising** or **Event Sign** Only
Number of street frontages _____ (Example: Corner lots have 2 street frontages)
Note: Not more than one sign shall be located on each street frontage.
5. Please provide **one (1) picture or mock-up** of the proposed sign(s) with your application. This *can* be hand drawn and must include dimensions and message that will be displayed.