



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

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

- Zoning Permit Application (See Reverse Side) and Attachment
- Two (2)** copies of a survey location plan to scale, unless final plans are on file
- Application Fee, a check for \$25 made payable to "Hillsborough Township," if applicable
- One (1) copy of Flood Zone Certification (FZC) or, if you do not have one, include a separate check for \$10 payable to Hillsborough Township and a FZC will be provided to you
- Impervious coverage calculation sheet, if applicable
- One (1) copy of the building plan for the project, if applicable
- Letter of approval from Home Owners' Association, if applicable

Submission of Application

Residential

When applying for your Zoning Permit, you may submit your application to the Engineering Department, if required, at the same time. Once a Zoning Permit is issued, you may submit your application to the Building Department.

Nonresidential

When applying for your Zoning Permit, you may submit your applications to the Engineering and Building Departments at the same time.

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 USPS or email upon completion of review.

Please return a completed application to the Planning & Zoning Department.



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