

ZONING PERMIT APPLICATION

-See Instructions on Reverse Side-

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

Applicant Information					
Property Owner D Point of Contact			ss Owner Doint of Contact		
Name:		Name:			
Address:		Address:			
City, State, Zip:		City, State, Zip:			
Phone:		Phone:			
Preferred Delivery: US Mail DE-mail, Provide:					
Worksite Information					
Work Site Address:		(If app	plicable, please include building and suite #)		
Block: Lot:	Zone:				
Water (check one): U Well	Public	Sewer (check one):			
Is the premise listed as a historic proper	rty or located in	n a historic district?	🖬 No 🔲 Yes		
Name of Development (if applicable):					
Do you have an association that require	s exterior appr	roval? INO Yes,	provide a copy of approval letter		
Was Board approval required for this in	mprovement a	nd/or property?			
□ No □ Yes, provide applic					
Proposed	– Select Type o	of Improvement(s) below	w:		
Residential (Attachment A)		Non-Residential (A	Attachment B)		
New Principal Structure	New Tenan	t / Use	Sign(s)		
Addition	New Princip	pal Structure	🖸 Wall		
Deck	Addition / Alteration		□ Freestanding		
Accessory Structure (Shed, pool, etc)	□ Site Work		Temporary		
Driveway (New/Pave/Expand)	U Wireless Telecommunications		Other:		
U Walkway / Patio / Landing	□ Sidewalk Café				
Certificate of Nonconformity to the	Certificate of Nonconformity to the				
Zoning Officer (N.J.S. § 40:55D-68)	Zoning Officer (N.J.S. § 40:55D-68)				
Other:					
Alteration, Conversion, Home Occupation, etc					

By signing this application, you are certifying that the above stated information is accurate (along with supporting documentation) 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 & Name:
 Date:

 Applicant Signature & Name (if different):
 Date:

	OF	FICIAL USE ONLY:		
Date Received:	Fee(s):	Receipt #:	Deadline Date:	
2	Check #:	ZPAN #:	Decision Date:	
	Comments:			

Welcome to the Hillsborough Township Planning & Zoning Department's 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. If you have any questions, please call the Planning & Zoning Department at 908-369-4313, ext 7180.

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.

Residential Applications – Zoning Permit Application Checklist

Please provide the following documentation in order to provide a complete application:

- Zoning Permit Application (See Reverse Side) and Attachment A
- One (1) copy of property survey to scale with proposed improvement(s) drawn on it
- Application Fee, \$25, cash in the exact amount or check made payable to "Hillsborough Township"
- □ Flood Zone Certification fee, \$10, cash in the exact amount or <u>separate</u> check made payable to "Hillsborough Township" OR Flood Zone Certification less than 7 years old for the property
- □ Impervious coverage calculation sheet for all projects involving impervious coverage
- One (1) copy of the building plans, if applicable
- Letter of approval from Home Owners' Association, if applicable

Non-Residential Applications – Zoning Permit Application Checklist

Please provide the following documentation in order to provide a complete application:

- □ Zoning Permit Application (See Reverse Side)
- Letter of approval from Property Owner
- Attachment B, for new tenant and sign applications only
- One (1) copy of the plans or specs for the project, unless final plans are on file
- Application Fee, \$25, check made payable to "Hillsborough Township" for the following applications only:
 - Site work (e.g. new construction, new paving, sidewalk café, wireless communications)
 - o Tenants moving into newly constructed tenant spaces

Certificates of Nonconformity A \$50 application fee is required. Flood zone certifications are not required.

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 <u>before</u> the Building Department will accept an application for the project. Please be aware that the Planning & Zoning Office cannot retain the Building jacket while you await approval.

Review of Application

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



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.

ls your	business moving into a newly constructed or existing non-	Complete Section 1: Change Use/Tenant -Existin				
reside	ntial retail office space?	Building & New Use/Tenant - New Structure				
	u installing a new sign, or changing location, sign face, or ge of existing sign?	Complete Section 2: Permanent Signs				
Are yo	u requesting a temporary sign to advertise a business or	Complete Section 3: Temporary Signs				
event?						
ls your	project not listed on this attachment?	Contact the Planning & Zoning Department				
Se	ction 1: Change Use/Tenant – Existing Building & New Use/T	enant – 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 customarily found in connection with the principal use) should be warehousing, shipping, and receiving while the accessory use	not be listed. For example, the principal use may				
4.	 Specific nature of business to be conducted (description): 					
	If more space is needed, please p	rovide 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 assis	t you throughout the permitting process.				
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 bus	siness name?				
	🗆 No 🛛 Yes, n <mark>e</mark> w owner 🖓 Yes, indicate old n	ame:				
9.	Outdoor storage proposed? No Yes, explain:					
	Storing toxic or highly flammable chemicals or gases?					
	O No O Yes, explain:					
	Storing gasoline, fuel oils, gases, chemicals or other flamr	nable, corrosive or toxic substances?				
	O No O Yes, indicate quantities in total liquid ga	llons or equivalent:				
		(Max ≤: 30,000 lig. Gal.)				

Sectio	on 2: Permanent Signs			
1.	Does your location have a sign manual/plan?			
	Name of Development/Project:			
2.	Sign Type:			
	Wall mounted			
	Choose one: O New or O Alteration of Sign Face			
	Freestanding			
	Choose one: O New or O Alteration of Sign Face			
3.	Total size of sign: square feet			
	Height of sign: feet			
1	Will your sign be illuminated? INO Yes, check all that apply:			
4.	O Internal (Dark background & light lettering required) or O External			
5.	Please provide two (2) color images along with the specs of the proposed sign(s) with your application.			
Section	n 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: O Attached to Ground or O Attached to Establishment			
	Will there be a search light display? O Yes O No			
2.	Total size of sign: square feet			
	Height of sign: feet			
3.	Dates on which sign(s) will be displayed: to 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.			