



# ZONING PERMIT APPLICATION

*-See Application on Reverse Side-*

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

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. 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 separate 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, if applicable
- 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)
  - Tenants moving into newly constructed tenant spaces

## **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. 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, 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.



# ZONING PERMIT APPLICATION

*-See Instructions on Reverse Side-*

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

Worksite Information
<b>Work Site Address:</b> _____ <i>(If applicable, please include building and suite #)</i> <b>Block:</b> _____ <b>Lot:</b> _____ <b>Zone:</b> _____ <b>Water (check one):</b> <input type="checkbox"/> Well <input type="checkbox"/> Public <b>Sewer (check one):</b> <input type="checkbox"/> Septic <input type="checkbox"/> Public <b>Is the premise listed as a historic property or located in a historic district?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Name of Development (if applicable):</b> _____ <b>Do you have an association that requires exterior approval?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, provide a copy of approval letter <b>Was Board approval required for this improvement and/or property?</b> <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	<b>Sign(s)</b>
<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 (Shed, pool, etc)	<input type="checkbox"/> Site Work	<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"/> Sidewalk Café	
<input type="checkbox"/> Other: _____ <i>Conversion, Home Occupation, etc.</i>	<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 & Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(REQUIRED, or attach letter of approval)*

Applicant Signature & Name (if different): \_\_\_\_\_ 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. Existing tenant moving locations in the same development?

No  Yes

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

No  Yes, indicate type and license#: \_\_\_\_\_

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

No  Yes, new owner  Yes, indicate old name: \_\_\_\_\_

8. 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 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.
6. Please provide a **site plan or aerial map** that indicates where the sign will be placed on the property.