



# TOWNSHIP OF HOPEWELL

## MERCER COUNTY

Robert J. Miller

Community Development Coordinator / Zoning Officer

201 Washington Crossing Pennington Road

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**Block:** \_\_\_\_\_

**Lot:** \_\_\_\_\_

**Zoning District:**  
\_\_\_\_\_

### APPLICATION FOR ZONING PERMIT

**\*\*Please complete both sides of this form\*\***

Name of Applicant \_\_\_\_\_

Project Location \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Complete Existing and Proposed Conditions:

	<u>Existing</u>	<u>Proposed</u>	<u>Twp Requirements for Zone or Property</u> <u>(office use only)</u>
Lot Area	_____	_____	_____
Width	_____	_____	_____
Depth	_____	_____	_____
Setback:	Front	_____	_____
	Rear	_____	_____
	Left	_____	_____
	Right	_____	_____
Fence Height	_____	_____	_____
Building Height	_____	_____	_____
Lot Coverage (%)	_____	_____	_____
Bldg Coverage (Sq. Ft.)	_____	_____	_____
	1 <sup>st</sup> floor	_____	_____
	2 <sup>nd</sup> floor	_____	_____
Total	_____	_____	_____
Floor Area Ratio	_____	_____	_____
Fence Height	_____	_____	_____

Is lot located in "Special Flood Hazard Area," pursuant to Chapter 12-2? \_\_\_\_\_

Is lot located within 1,000 ft. of Delaware & Raritan Canal? \_\_\_\_\_

Is lot located within Hopewell Township Stream Corridor? \_\_\_\_\_

**\*A plan must be included for every zoning review.**

1. On a Plot Plan, identify all existing and proposed structures, including well and septic locations. State dimensions for all structures and locations.

**\*NOTE: Addition of bedroom space as defined in Township Ordinance 16-12 requires approval by the Hopewell Township Health Department. Any expansion or conversion to commercial use requires site plan approval.**

Septic \_\_\_\_\_ Sewer \_\_\_\_\_ Well \_\_\_\_\_ City Water \_\_\_\_\_ Year Dwelling Constructed \_\_\_\_\_

2. Use and Activity Statement: Residential \_\_\_\_\_ Other \_\_\_\_\_

The use for the premises described on this application is:

Current \_\_\_\_\_

Proposed \_\_\_\_\_

Describe the activity/activities to be conducted in the principal building and/or any activity/activities to be conducted in any accessory building(s) \_\_\_\_\_

\_\_\_\_\_

Are any of the activity/activities described in #2 above conducted as a non-conforming use? ( ) No ( ) Yes

3. Have you, a previous owner, or other person applied for a building permit or made any other application to the Construction Official, the Zoning Board of Adjustment or the Planning Board involving the property?  
( ) No ( ) Yes

If yes, attach the information to this application. State the date, nature and disposition of each application.

**\*NOTE: The approval of this permit does not relieve the applicant of the responsibility for obtaining other required local, state and federal approvals, including, but not limited to: building, electrical, fire and plumbing permits.**

This is to certify that the premises described, together with any building thereon, are for the use proposed.

( ) Approved \_\_\_\_\_

\_\_\_\_\_

( ) Denied – Reason for Denial \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Robert J. Miller, Zoning Officer