## TOWNSHIP OF HOPE P.O. BOX 284 HOPE, NJ 07844 908-459-5011

## ZONING APPLICATION/CHANGE OF USE FORM

Date:

Block: Lot: Zone District: Site Address:

Lot Size:

Applicant:

Telephone(Home): (Office): Fax Number:

On behalf of:

Name of <u>Previous</u> Owner/Tenant:

Description of Previous Use:

Description of Proposed New Use:

Approximate square footage of building or space for new use \_\_\_\_\_

Has a Variance been granted on this lot? \_\_\_\_\_ If so, when? \_\_\_\_\_

<u>Site Plan</u>: Show all existing (and proposed) structures, their dimensions and distance to any other buildings, well, septic, and all front, side and rear boundaries. Show presence or absence of any wetland on subject property.

Is a new sign required for the new use? \_\_\_\_\_ If yes, please pick up a form for a sign permit.

I hereby certify that the above information is true to the best of my knowledge.

Applicant Signature		Date Paid: Check #: Fee:	
Based on the in	formation, this application is:		
Denied	*Conditionally approved	Approved	Permit #
Zoning Officer		Date deemed complete	

\*Conditional approval based on concurrent findings of the Construction Official and the Zoning Officer. Notice to the Planning Board.

## PLEASE NOTE: THIS REQUIRES A \$50 FEE TO BE PAID AT APPLICATION

Revised 5.2017