



# TOWNSHIP OF HOPEWELL

**MERCER COUNTY**  
 201 WASHINGTON CROSSING – PENNINGTON ROAD  
 TITUSVILLE, NEW JERSEY 08560-1410

**Robert J. Miller**  
*Zoning Officer*

**Phone: 609-737-0612 Extension 643**  
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**rmiller@hopewelltp.org**

## Application for Zoning Permit

**\*\*Please fill out both sides of this form\*\***

Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

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

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

Owner \_\_\_\_\_

Address \_\_\_\_\_

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

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

### Fill in existing and proposed conditions:

	Existing	Proposed
Lot Area:	_____	_____
Width	_____	_____
Depth	_____	_____
Setback: Front	_____	_____
Rear	_____	_____
Left	_____	_____
Right	_____	_____
Fence Height:	_____	_____
Building Height	_____	_____
Lot Coverage (%)	_____	_____
Bldg. Coverage (Sq.)	_____	_____
1 <sup>st</sup> floor	_____	_____
2 <sup>nd</sup> floor	_____	_____
Total	_____	_____
Floor area ratio	_____	_____
Fence height	_____	_____

Twp. requirements for zone or property. (office use only)

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

Is lot located within 1,000 feet 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, and 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  
If yes, attach supporting facts.

**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