



ZONING PERMIT APPLICATION
CITY OF HACKENSACK

DEPARTMENT OF BUILDING HOUSING & LAND USE
410 EAST RAILROAD AVENUE
HACKENSACK, NEW JERSEY 07601

PHONE: (201) 646-3920 FAX:(201) 646-8052

\$35.00 FEE FOR ZONING APPLICATION

\$45.00 FEE FOR FENCE-PATIO-DRIVEWAY-SHED PERMITS

Note: This is not a Building, Fire or a Health Permit (Permits may be needed after approval has been granted by the Zoning official)

Place date stamp here

BLOCK: _____ LOT(S): _____ ZONE: _____

_____ DATE RECEIVED: _____
PROPERTY LOCATION / WORK SITE

_____ DATE APPROVED: _____
OWNER OF RECORD

DATE DENIED: _____

MAILING ADDRESS (IF DIFFERENT) _____

Phone: (____) _____ (____) _____ (____) _____
HOME WORK CELL

NAME OF APPLICANT, CONTRACTOR, OR PERSON RESPONSIBLE FOR WORK - IF OTHER THAN OWNER

_____ (____)
ADDRESS OF APPLICANT - IF OTHER THAN OWNER DAYTIME PHONE

AUTHORIZATION: ANYONE OTHER THAN ABOVE OWNER IS MAKING THIS APPLICATION, THE FOLLOWING AUTHORIZATION MUST BE EXECUTED)

TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE CITY OF HACKENSACK:

_____ Name of Designee

IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION

_____ DATE

_____ SIGNATURE OF OWNER

DESCRIBE PROPOSED WORK AND/OR USE:

TYPE OF APPLICATION:

RESIDENTIAL: ALTERATION: _____

ADDITION _____ NEW _____

SHED _____ DECK _____ POOL _____

FENCE _____ OTHER _____

COMMERCIAL, ETC.: NEW _____

ALTERATION _____ ADDITION _____

SIGN _____ ACCESSORY _____

CONSTRUCTION TRAILER _____

OTHER _____

TEMPORARY EVENT: _____

Date Called: _____ Initials: _____

Notes:

Please see reversed side for additional information

Please fill in information that is appropriate for Residential or Commercial Structures

1. Describe in detail the previous/existing use of the property including any buildings on the grounds, or if the premises are vacant. The most recent use of the property and the date this use was discontinued.

2. Describe in detail the activity or activities to be conducted on the premises, in the principal structure, accessory structure or on the grounds.

a. Days and hours of operation: _____

b. Days and hours open to the public: _____

c. Traffic concerns pertaining to your application: _____

1. Days and hours of any deliveries (trucks, cars, or vans) _____

2. Vehicles to be parked on site overnight (trucks, cars, or vans) _____

d. Number of employees on site (highest shift) _____

3. A survey is required indicating all current structures on the site. When a photo copy of a survey is submitted it must be an exact copy (not enlarged or reduced). It **must be accurate to the scale matching the survey** or the application will be deemed incomplete and returned to you.

4. If new construction is proposed, the location, dimensions and all other setbacks from the property lines must be shown.

5. If this site has had any Planning or Zoning Board approvals in the past, please attach copy of same.

You must fill in all information that is appropriate to your application. Failure to complete will result in the delay in the review process.

APPLICANT SIGNATURE REQUIRED

DATE

PERMIT APPROVED / DENIED

DATE

OFFICIAL

REASONS / CONDITIONS / REMARKS:

