

**Borough of Hampton**  
**Zoning Application**

1 Well Avenue  
P.O Box 418  
Hampton, NJ 08827  
(908)537-2329 Fax: (908)537-7097

Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
Date: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Zone: \_\_\_\_\_

An accurate Survey/Plot Plan, drawn to scale, shall be submitted with this application, showing the subject property, all existing real estate improvements, and proposed improvements.

Name and Address of Property Owner: \_\_\_\_\_

Name and Address of Applicant: \_\_\_\_\_

Owners Phone Number \_\_\_\_\_ Applicants Phone Number \_\_\_\_\_

Address of Property for this application \_\_\_\_\_

Description of Proposed Construction or Use plus (Length x Width x Height): \_\_\_\_\_

Does the Lot have access to a Public Road? \_\_\_\_\_. Are there other conditions that affect this property which may be needed for the review of this application, such as but not all inclusive, Historical Structure, Critical Areas, Wetlands? \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Owners signature: \_\_\_\_\_

**Do Not Write Below -- For Zoning Officers Review, Approval, or Denial!!!!!!!**

**Zoning Approval** \_\_\_\_\_

\_\_\_\_\_ Zoning Officer \_\_\_\_\_ Date: \_\_\_\_\_

**Zoning Denial** \_\_\_\_\_

\_\_\_\_\_ Zoning Officer \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** for any permits required, please contact:

Department of Community Affairs  
Bureau of Local Code Enforcement  
171 Route 173, Suite 107  
Asbury, NJ 08802  
(908)713-0722