

# Borough of Hampton

1 Wells Avenue. PO Box 418  
Hampton, NJ 08827  
908-537-2329 (Fax) 908-537-7097  
hamptonzoning@yahoo.com



Application # \_\_\_\_\_

## Zoning Permit Application

Date of Application: _____	Block # _____	Lot # _____	Zone _____
Name and Address of property owner: _____			
Name and Address of Applicant: _____			
Owners Phone # _____	Applicant's Phone # _____		
Email Address of applicant: _____			

<b>Type of proposed Construction: (Please Circle)</b>						
New Construction	Addition	Pool	Garage	Shed	Fence	Other
Description of Project: _____						
Proposed building setbacks: Front yard _____ Rear Yard _____						
Side Yard (left) _____ Side Yard (right) _____ Height: _____						
<b>**Attach a Plot Plan or Survey of the property, drawn to scale, showing what exists now on the property and the proposed changes with all setbacks and size of proposed structures.**</b>						
Does your property currently have any accessory structures ____ (no) ____ (yes), if yes # _____						
Does this property have any of the following conditions: (please circle all that apply)						
Wetlands	Historic Structure	Critical areas				

**Please note that this is NOT A CONSTRUCTION PERMIT.**

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

X \_\_\_\_\_  
**Owner's Signature**

X \_\_\_\_\_  
**Applicant's signature, (if other than the owner)**

<b>FOR OFFICE USE ONLY</b>		
Date Received _____	Zoning Permit Approved _____	Zoning Permit Denied _____
Comments: _____		
Signature of Zoning Officer _____		Date _____