

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: _____			

Type of proposed Construction: (Please Circle)						
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: _____						
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.						
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)

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