



TOWNSHIP OF HILLSIDE
BUILDING DEPARTMENT

Municipal Building
Liberty and Hillside Avenues
Hillside, New Jersey 07205
(973) 926-5100 Fax (973) 351-5471

APPLICATION FOR ZONING PERMIT
\$35 permit fee

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Phone #: _____ Fax #: _____

Email: _____

4. Property Address: _____

Block _____ Lot _____

5. Name of Property Owner (if different from applicant): _____

6. Property Owner's Address: _____

7. State dimensions of principal building: _____
(Total Square Footage)

8. State dimensions of all accessory buildings: _____
(Total Square Footage)

9. Describe in detail any construction to be done.

10. Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings: _____

11. State whether any of the activities described in Number 9 above are conducted as a non-conforming use (if so, state facts supporting this contention):

12. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge: Yes/No

Date: _____
(Applicant) (Individual)

Attest: _____
(Name of Corporation or Association)

(Secretary) By: _____
(Authorized Officer)

FOR OFFICE USE ONLY:

Zone _____ Lot Size _____ MBC _____