



**Township of Hillside
Building Department**
Hillside Municipal Building
1409 Liberty Avenue, Hillside, NJ 07205
Ph. (973) 926-5100 • Fax (973) 351-5471

**Application for Zoning Determination or Zoning Verification
Application Fee \$35**

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Phone No.: _____ Email Address: _____

4. Hillside Property Address: _____ Block: _____ Lot: _____

5. Name of Property Owner: _____

6. Current Use of the Property: *(circle one)* Residential Commercial Industrial Institutional

7. Proposed Use of Property: *(circle one)* Residential Commercial Industrial Institutional

8. Please write a detailed description of the proposed activities/use to be conducted on/at the Hillside property.:

9. Has this address been the subject of any prior application to the Zoning or Planning Board

10. Applicants Signature: _____ Date: _____