Township of Union
Hunterdon County, New Jersey
Zoning Occupancy Permit Application

A. This section to be completed by Applicant (please print):

Zoning Permit #: ______________________

Property Location Block _____ Lot _____
Address __________________________________

Applicant/Owner _______________________________________________________
Address _______________________________________________________________
Phone: __________________________________________________________________
E-Mail: __________________________________________________________________

Contractor: __________________________________________________________________
Address _______________________________________________________________
Phone: __________________________________________________________________
E-Mail: __________________________________________________________________

Description of Development:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Attach an accurate "as built" plot plan or survey map showing the location and dimensions of all existing and proposed development of the above property, including the area of the lot and proposed setbacks from property lines, including also designation of any trees to be removed. (Note: the Zoning Officer reserves the right to require an "as built" survey map prepared by a licensed New Jersey Surveyor if deemed to be necessary in order to establish that the requirements of the Land Use Code are satisfied.)

Check applicable Zoning Occupancy Permit requested:

   Permanent          
   Temporary          

   If Temporary, Zoning Occupancy Permit is requested, explain: ________________________________
   ________________________________
   ________________________________
   ________________________________

I certify that the above information I have given to the Zoning Officer is true and correct.

Date                                        Applicant/Owner Signature

Date                                        Received Signature (Zoning Officer)

Zoning occupancy permit application fee is $25.00. Please enclose check made payable to "Township of Union" with completed application.
Township of Union
Hunterdon County, New Jersey
Zoning Occupancy Permit Application

Zoning Permit # ________________________

Property Location:  Block _____  Lot _____

Address _________________________________

Applicant/Owner ____________________________

B. For Township Use:

1. Taxes Paid:  Yes _____  No _____  Date __________

________________________________________
Tax Collector

2. COAH fee required:  Residential:  Yes _____  No _____
Non-Residential:  Yes _____  No _____

________________________________________  Date __________
Tax Assessor

3. COAH fee paid:  Residential:  Yes _____  No _____
Non-Residential:  Yes _____  No _____

________________________________________  Date __________
CFO

4. Demolition Bond:  Yes _____  No _____  N/A _____  Date __________

5. Excavation Bond:  Yes _____  No _____  N/A _____  Date __________

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Township of Union
Hunterdon County, New Jersey
Zoning Occupancy Permit Application

Zoning Permit #: ______________________

Property Location       Block _____       Lot _____

Address ____________________________

Applicant/Owner ____________________________

C. To be completed by Zoning Officer:

Date of application ___________     Zoning district _______________________

Fee Paid ___________           Date _______________________

Proposed use ___________________       Permitted? __________ 

Accessory use ___________________       Permitted? __________ 

Two Uses on the Lot:  Yes _____ No ______

Pre-existing nonconforming use? ____________________

Front setback _______      Conforms? _______

Back setback _______      Conforms? _______

Side setback _______      Conforms? _______

Frontage ___________      Conforms? _______

Width ___________      Conforms? _______

Depth ___________      Conforms? _______

Lot Area ___________      Conforms? _______

Size of building/addition/deck _____________________
Well location ___________  Septic location ___________

Limestone Ordinance waiver: ___________  or report needed ___________

Land Disturbance ___________  square feet

Tree Ordinance Applicability  Yes _______  No _______

Well approval:  Yes _______  No _______  N/A _______  Date ___________

Septic approval:  Yes _______  No _______  N/A _______  Date ___________

Driveway approval:  Yes _______  No _______  N/A _______  Date ___________

Permit requested:  Permanent _______  Temporary _______

Building in Flood Hazard Area?  Yes _______  No _______

Conditions (if Temporary):


Remarks by Zoning Officer


Date ___________  Received Signature (Zoning Officer) ___________
Township of Union
Hunterdon County, New Jersey
Zoning Occupancy Permit Application

Zoning Permit #: ______________________

Property Location ___ Block ______ Lot ______

Address ________________________________

Applicant/Owner ________________________

ZONING OFFICER:

I have reviewed the foregoing application and determine:

_____ (A) The Zoning Occupancy Permit is denied for the following reasons:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

_____ (B) The Zoning Occupancy Permit is approved:

Permanent ________ Temporary ________

Expiration Date (if Temporary): ________________________________

Remarks or conditions: _______________________________________
___________________________________________________________________________
___________________________________________________________________________

Date ______________ Signature (Zoning Officer) ______________