

**TOWNSHIP OF EAST HANOVER  
ENGINEERING DEPARTMENT**

411 Ridgedale Avenue  
East Hanover, NJ 07936  
973-428-3020  
Fax 973-428-3026

\_\_\_\_\_  
Application Number

**APPLICATION FOR ZONING PERMIT**

1. Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

2. Address of property for which request is made

\_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

3. Name of property owner \_\_\_\_\_

Address of property owner \_\_\_\_\_

\_\_\_\_\_

4. Purpose of application \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If construction of alterations or additions are contemplated, will footprint of any building be changed? \_\_\_\_\_. If yes, provide copy of property survey.

6. If application is for a sign, attach drawings of proposed signage.

7. Copy of property survey is required for any proposed accessory structures, fences, additions.

8. Has this property been the subject of any prior application to the Planning Board or Board of Adjustment? \_\_\_\_\_ If yes, state which Board, date, relief sought, and the result.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Date \_\_\_\_\_

10. Applicant signature \_\_\_\_\_

11. Property owner signature \_\_\_\_\_

=====  
OFFICE USE ONLY  
=====

Zone \_\_\_\_\_

Required S/B

Proposed

Front \_\_\_\_\_

\_\_\_\_\_

Rear \_\_\_\_\_

\_\_\_\_\_

Side \_\_\_\_\_

\_\_\_\_\_

2 Sides \_\_\_\_\_

\_\_\_\_\_

Max Coverage \_\_\_\_\_

\_\_\_\_\_

# Garages \_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_

\_\_\_\_\_

Access S/B \_\_\_\_\_

\_\_\_\_\_

P&A Coverage \_\_\_\_\_

\_\_\_\_\_

Other

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Date Reviewed \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Zoning Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Permit No. \_\_\_\_\_

Reviewed by \_\_\_\_\_

If Denied, Reason for Denial

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