



**Township of Hazlet**  
 1776 Union Avenue, Hazlet NJ 07730  
 HazletTwp.org • Phone: 732-217-8656  
 Sharon A. Keegan, Zoning Official

## Application for Zoning Permit

Date: \_\_\_\_\_

Application #: \_\_\_\_\_

Permit #: \_\_\_\_\_

Application is hereby made for a zoning permit in conformity with the requirements of the Development Review Ordinance (Chapter 181) of the Township of Hazlet and any amendments thereto for the following described work:

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Applies for permit to:

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

Size of Property

Principal Structure

Accessory Structure(s)

Area \_\_\_\_\_ sq. ft.

Type \_\_\_\_\_

Area \_\_\_\_\_ Sq.

Width \_\_\_\_\_ ft.

Building Coverage \_\_\_\_\_ %

Min. Side Yard \_\_\_\_\_ ft.

Depth \_\_\_\_\_ ft.

Lot Coverage \_\_\_\_\_ %

Min. Rear Yard \_\_\_\_\_ ft.

Max Height \_\_\_\_\_ ft.

Min. Distance \_\_\_\_\_ ft.  
 (From structure or dwelling)

Signs: Type \_\_\_\_\_

Area Requested \_\_\_\_\_ sq.ft.

Area Permitted \_\_\_\_\_ sq.ft.

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: All zoning application shall be submitted with a Certified Scalable Survey of the lot showing the proposed work and all existing principal and accessory structures.**

***By signing this application I certify that I have identified all structures on this property.***

Est. Cost of Work: \_\_\_\_\_

\_\_\_\_\_  
 Signature of owner or agent/contractor

Zoning Permit Fee \$ \_\_\_\_\_

\_\_\_\_\_  
 Approved by Sharon A. Keegan, Zoning Official