



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 #: _____

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: _____

8. State dimensions of all accessory buildings: _____

9. 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: _____

10. 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):

11. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge: _____

Date: _____
(Applicant) (Individual)

Attest: _____
(Name of Corporation or Association)

(Secretary) By: _____
(Authorized Officer)