

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.**

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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 \_\_\_\_\_

\_\_\_\_\_  
Tax Assessor Date \_\_\_\_\_

3. **COAH fee paid:** Residential: Yes \_\_\_\_\_ No \_\_\_\_\_

Non-Residential: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
CFO Date \_\_\_\_\_

4. **Demolition Bond:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Date \_\_\_\_\_

5. **Excavation Bond:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Date \_\_\_\_\_

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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)

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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)