



ZONING PERMIT APPLICATION
CITY OF HACKENSACK

Control# _____

410 East Railroad Avenue
Hackensack, NJ 07601
Phone: (201) 646-3920 Ext. 2006 Fax: (201) 646-8052

\$35.00 FEE

Survey/Floor/Site Plan **Must** Be Submitted with Zoning Application

***Please Note: Incomplete Applications Will Be Automatically Denied**

PROPERTY LOCATION: _____

Block: _____ Lot(s): _____ Zone: _____

Applicant Name: _____	Property Owner Name: _____
Applicant Address: _____	Owners Address: _____
City, State, Zip: _____	City, State, Zip: _____
E-Mail Address: _____	E-Mail Address: _____
Phone #: _____	Phone#: _____

Describe in Detail *Present* Use of Property:

Describe in Detail *Proposed* Use of Property:

- a. Days and hours of Operation: _____
- b. Days and hours Open to the Public: _____
- c. Traffic concerns pertaining to your application: _____
- d. Days and hours of any deliveries (trucks, cars, or vans): _____
- e. Number of Vehicles to be Parked on site Overnight (trucks/cars/vans): _____
- f. Number of Employees on site (highest shift): _____

- A **Survey/Floor/Site Plan is Required** indicating all current structures on the site.
- If new construction is proposed, the location, dimensions and all other setbacks from the property lines must be shown clearly.
- If this site has had any Planning or Zoning Board approvals in the past, please attach copy of same.

APPLICANT SIGNATURE REQUIRED: _____ **DATE:** _____

Applicant Do Not Fill In This Section.

APPROVED / DENIED _____ **Zoning Official Signature:** _____

REASONS / CONDITIONS / REMARKS:

**Note: This is Approval Not a Building, Fire or a Health Permit Approval .
(Additional Permits may be needed after Approval has been granted by the Zoning Official)**