Borough of Stanhope

77 Main Street Stanhope, NJ 07874

TEL: 973-347-0159 FAX: 973-347-6058

ZONING APPLICATION

1. APPLICANT NAME:	PHONE:
ADDRESS:	
2. OWNER¢S NAME (if different):	PHONE:
ADDRESS:	
3. PROPERTY LOCATION: BLOCK	LOT(S):ZONE:
ADDRESS:	
4. Describe proposed improvements	
If change of use please describe	
improvements, showing dimensions Environmental/topographic features located on the site plan. B. Sketch - On a separate page, make a showing dimensions. 6. If this property has, to your knowledge e	by of your survey, draw in your proposed and distances from property lines. Including steep slopes and wet lands must also be sketch of the improvements from the front and side, wer been the subject of an application before the Landing Board and Zoning Board), please state below.
	_Description
along with the distances to the proposed i	ent, or buffer it must be shown on the survey/site plant mprovement. Approved Rejected Date
8. I hereby certify, to the best of my knowled true and correct.	edge, that the information supplied hereon by me is
Signed:	Date:
FOR OFFI	CIAL USE ONLY
APPROVED:	ORDINANCE NO:
REJECTED:	VARIANCE REQUIRED: