



TOWNSHIP OF HAMILTON
EZ PERMIT
ZONING PERMIT # _____

NAME: _____ **DATE:** _____

ADDRESS: _____ **ZIP CODE:** _____

TELEPHONE: (_____) _____ **EMAIL:** _____@_____

BLOCK: _____ **LOT:** _____

PROPOSED CONSTRUCTION: _____

SIZE: _____

REMARKS/CONDITIONS: _____

_____ **SURVEY/CERTIFIED PLOT PLAN**

NOTE: SHEDS ARE TO BE TWENTY FEET (20') FROM ANY ADJACENT DWELLING.

I, _____ (OWNER/AGENT), CERTIFY THAT THE ABOVE DESCRIBED BUILDING WILL BE BUILT IN ACCORDANCE WITH THE SPECIFICATIONS AND PLANS SUBMITTED WITH THIS APPLICATION AND THAT ALL INFORMATION IS CORRECT.

APPROVED: _____

DATE: _____

ZONING OFFICER

THIS PERMIT IS VALID FOR ONE (1) YEAR

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