



TOWNSHIP OF HOPEWELL

MERCER COUNTY

201 Washington Crossing Pennington Road

Titusville, New Jersey 08560-1410

Phone: 609.737.0605 Ext. 6430

Fax: 609.737.2770

CALL FOR UTILITY LOCATIONS

BEFORE YOU DIG

1-800-272-1000

APPLICATION FOR ZONING PERMIT

****Please complete both sides of this form****

Block: 52

Lot: 75

Zoning District:

MCC

Name of Applicant Whitman Construction, LLC

Project Location 160 Pleasant Valley Rd.

Owner Joseph Bonacci

Address 160 Pleasant Valley Rd.

Phone (H) _____ (W) 732-295-0875 (C) _____ Fax _____

E-mail address mshaffery@stevenwhitman.com

Applicant's Signature _____ Date _____

Complete Existing and Proposed Conditions:

	<u>Existing</u>	<u>Proposed</u>	<u>Typ Requirements for Zone or Property</u> <u>(office use only)</u>
Lot Area	_____	_____	_____
Width	_____	_____	_____
Depth	_____	_____	_____
Setback:			
Front	_____	_____	_____
Rear	_____	_____	_____
Left	_____	_____	_____
Right	_____	_____	_____
Fence Height	_____	_____	_____
Building Height	_____	_____	_____
Lot Coverage (%)	_____	_____	_____
Bldg Coverage (Sq. Ft.)	_____	_____	_____
1 st floor	_____	_____	_____
2 nd floor	_____	_____	_____
Total	_____	_____	_____
Floor Area Ratio	_____	_____	_____
Fence Height	_____	_____	_____

Is lot located in "Special Flood Hazard Area," pursuant to Chapter 12-2? No
Is lot located within 1,000 ft. of Delaware & Raritan Canal? No
Is lot located within Hopewell Township Stream Corridor? No

***A plan must be included for every zoning review.**

1. On a Plot Plan, identify all existing and proposed structures, including well and septic locations. State dimensions for all structures and locations.

***NOTE:** Addition of bedroom space as defined in Township Ordinance 16-12 requires approval by the Hopewell Township Health Department. Any expansion or conversion to commercial use requires site plan approval.

Septic ^x Sewer _____ Well ^x City Water _____ Year Dwelling Constructed _____

2. Use and Activity Statement: Residential ^x Other _____

The use for the premises described on this application is:
SFD

Current _____
Installation of roof mounted solar panels

Proposed _____

Describe the activity/activities to be conducted in the principal building and/or any activity/activities to be conducted in any accessory building(s) _____

Are any of the activity/activities described in #2 above conducted as a non-conforming use? ☐ No ☐ Yes

3. Have you, a previous owner, or other person applied for a building permit or made any other application to the Construction Official, the Zoning Board of Adjustment or the Planning Board involving the property?

☐ No ☐ Yes

If yes, attach the information to this application. State the date, nature and disposition of each application.

***NOTE:** The approval of this permit does not relieve the applicant of the responsibility for obtaining other required local, state and federal approvals, including, but not limited to: building, electrical, fire and plumbing permits.

This is to certify that the premises described, together with any building thereon, are for the use proposed.

☒ Approved ROOF-MOUNTED PV SYSTEM ON EXIST. SFD. SOLAR PANELS SHALL NOT EXTEND BEYOND ROOF EDGES OR ABOVE ROOF PEAKS.

☐ Denied – Reason for Denial _____

Signature Mark W. Kataryniak Date 6.14.2018
Mark W. Kataryniak, P.E.
Director of Community Development/Zoning Officer

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