C#42430

TOWNSHIP OF HOPEWELL

MERCER COUNTY

MAR 23 2018

201 Washington Crossing Pennington Road
Titusville, New Jersey 08560-1410
Phone: 609.737.0605 Ext. 6430
Fax: 609.737.2770

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1-800-272-1000

Block: 52
Lot: 75
Zoning District: MRC

Res. Acc. Use
$25
Pd. Chk. # 25063

APPLICATION FOR ZONING PERMIT

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

Name of Applicant Pro Custom Solar dba MomentumSolar
Project Location 1160 Pleasant Valley Rd
Owner Joseph Bonacci
Address 1160 Pleasant Valley Rd
Phone (H) 732-366-1864 **(W)** _____ **(C)** _____ **Fax** 732-902-6223
E-mail address Permits@momentumsolar.com
Applicant's Signature _____ **Date** 3/22/18

Complete Existing and Proposed Conditions:

		Existing	Proposed	Twp Requirements for Zone or Property (office use only)
Lot Area				
Width				
Depth				
Setback:	**Front**			
	Rear			
	Left			
	Right			
Fence Height				
Building Height				
Lot Coverage (%)				
Bldg Coverage (Sq. Ft.)				
	1st floor			
	2nd 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 _____ Sewer _____ Well _____ City Water _____ Year Dwelling Constructed _____

2. Use and Activity Statement: Residential _____ Other _____

The use for the premises described on this application is:

Current SINGLE FAMILY

Proposed ROOFTOP RAILLESS SOLAR PV PANELS. DOES NOT EXCEED HEIGHT OF ROOF.

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 edges of existing roof or above any roof peaks.

☐ Denied – Reason for Denial _____

Signature _____ Date 4.2.18

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

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