CITY OF HOBOKEN
94 Washington Street
Hoboken, NJ 07030
Zoning Officer
Ann Holtzman
(201) 420-2063
aholtzman@hobokennj.org

ZONING APPLICATION

Date Received:

Prior Approvals: 4

Block: Work Site Location: Zoning District: Select One

Lot: Present Use: Select One Proposed Use: Select One Special District: If Applicable

Lot Size: Height of Structure (Ft.) No. of Stories (above grade): ☐ Basement (Finished) ☐ Basement (Unfinished) ☐ Cellar

OWNER IN FEE / OCCUPANT:

Name

Address

City State Zip Code

E-mail: Phone:

ARCHITECT / CONTRACTOR:

Name

Address

City State Zip Code

E-mail: Phone:

TYPE OF WORK:

☐ New Building ☐ Addition ☐ Alteration

☐ Demolition ☐ Other

☐ Awning(s) ☐ Fence; height not to exceed 6'

☐ Sign(s); not to exceed 10% of first-floor facade area

CERTIFICATION IN LIEU OF OATH; I hereby certify that I am the agent of or owner of record and am authorized to make this application.

DESCRIPTION OF PROPOSED WORK:

Applicant's Signature Date

For Office Use Only:

FEE: Check or Rcpt #: Collected by: