



BOROUGH OF HAWTHORNE
445 LAFAYETTE AVENUE
HAWTHORNE, N.J. 07506

PERMIT# _____

DATE: _____

SHED APPLICATION

BLOCK: _____ LOT: _____

WORKSITE LOCATION: _____

OWNER IN FEE: _____

ADDRESS: _____

PHONE #: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____

SIZE OF SHED: _____ ESTIMATED COST OF WORK: _____

NOTE A PROPERTY SURVEY IS REQUIRED FOR ZONING REVIEW, SURVEY MUST SHOW LOCATION OF SHED, MINIMUM 4' OFF ALL PROPERTY LINES. ALSO, 10' CLEARANCE TO OTHER STRUCTURES.

I HEREBY CERTIFY THAT I AM THE OWNER/AGENT OF RECORD AND I AM AUTHORIZED TO MAKE THIS APPLICATION.

SIGNATURE OF APPLICANT

ZONING APPROVAL: _____

REMARKS: _____

CHECK # _____

CASH _____

COLLECTED BY _____

DATE _____

FINAL INSPECTION: _____