COUNTY OF HUDSON
OFFICE OF THE COUNTY ENGINEER

830 Bergen Avenue, Floor 6B
Jersey City, New Jersey 07306
Phone: 201-369-4340 Fax: 201-369-4346

APPLICATION FOR A LOADING ZONE

Company Name _____ Date: _____

Address _____ Town _____ Zip Code _____

Owner's Name _____ Phone _____ Fax _____

ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETELY FILLED OUT

State where exactly with measurements you are requesting a loading zone (minimum 50 feet) _____

_____

What items being loaded and/or unloaded from your facility? _____

Circle the type of vehicles are loaded/unloaded? Semi-Trailer (TT) Small Trucks (ST) Vans (V)

How many vehicles are loaded/unloaded? _____ TT per day _____ ST per day _____ Van per day

_____ TT per week _____ ST per week _____ Van per week

How many minutes on average is loading/unloading taking on one vehicle? _____

Circle which days loading/unloading occurs: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Indicate the hours of the day loading/unloading occur: _____

What are the hours and days your business is opened? _____

Please provide a detailed explanation on why your business needs a loading zone and any comments.

_____

_____

_____

_____

The County Engineer's Office may conduct a field survey to analyze the loading activity taking place.

AR _____ FB _____ LZS _____ APP _____ ORD _____