

FORM NO. 1A
PLANNING BOARD & ZONING BOARD APPLICATION FORM

[Ed. Note. This is a unified form for use by both Planning Board and Zoning Board applicants which has been designed by William John Kearns and Ellen B. Kearns, Esqs., of Willingboro, N.J. and is reprinted here with the express consent of Kearns and Kearns.]

TOWNSHIP OF ANYTOWN
Municipal Building
Main Street
AnyTown, New Jersey 00000

The application, with supporting documentation, must be filed with the Office of the Township Clerk and must be delivered to the professionals for review at least fifteen [15] business days prior to the meeting at which the application is to be considered.

To be completed by Township staff only.

Date Filed _____ Application No. _____
Planning Board _____
Zoning Board of Adjustment _____ Application Fees _____
Escrow Deposit _____
Scheduled for: Review for Completeness _____ Hearing _____

1. SUBJECT PROPERTY

Location: _____

Tax Map Page _____ Block _____ Lot(s) _____
Page _____ Block _____ Lot(s) _____
Dimensions Frontage _____ Depth _____ Total Area _____
Zoning District _____

2. APPLICANT

Name _____
Address _____
Telephone Number _____
Applicant is a Corporation ☐ Partnership ☐ Individual ☐

3. DISCLOSURE STATEMENT

Pursuant to N.J.S. 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. **[Attach pages as necessary to fully comply.]**

Name _____	Address _____	Interest _____
Name _____	Address _____	Interest _____
Name _____	Address _____	Interest _____
Name _____	Address _____	Interest _____
Name _____	Address _____	Interest _____

4. If Owner is other than the applicant, provide the following information on the Owner(s):

Owner's Name _____
Address _____
Telephone Number _____

5. PROPERTY INFORMATION:

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:
Yes [attach copies] _____ No _____ Proposed _____

Note: All deed restrictions, covenants, easements, association by-laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

Present use of the premises: _____

6. Applicant's Attorney _____
Address _____
Telephone Number _____
FAX Number _____

7. Applicant's Engineer _____
Address _____
Telephone Number _____
FAX Number _____

8. Applicant's Planning Consultant _____
Address _____
Telephone Number _____
FAX Number _____

9. Applicant's Traffic Engineer _____
Address _____
Telephone Number _____
FAX Number _____

10. List any other Expert who will submit a report or who will testify for the Applicant: [Attach additional sheets as may be necessary]

Name _____
Field of Expertise _____
Address _____
Telephone Number _____
FAX Number _____

11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

SUBDIVISION:

_____ Minor Subdivision Approval
_____ Subdivision Approval [Preliminary]
_____ Subdivision Approval [Final]

Number of lots to be created ____ Number of proposed dwelling units ____
(including remainder lot) (if applicable)

SITE PLAN:

_____ Minor Site Plan Approval
_____ Preliminary Site Plan Approval [Phases (if applicable) ____]
_____ Final Site Plan Approval [Phases (if applicable) ____]
_____ Amendment or Revision to an Approved Site Plan
Area to be disturbed (square feet) _____
Total number of proposed dwelling units _____
_____ Request for Waiver From Site Plan Review and Approval

Reason for request: _____

- _____ Informal Review
_____ Appeal decision of an Administrative Officer [N.J.S. 40:55D-70a]
_____ Map or Ordinance Interpretation of Special Question [N.J.S. 40:55D-70b]
_____ Variance Relief (hardship) [N.J.S. 40:55D-70c(1)]
_____ Variance Relief (substantial benefit) [N.J.S. 40:55D-70c(2)]
_____ Variance Relief (use) [N.J.S. 40:55D-70d]
_____ Conditional Use Approval [N.J.S. 40:55D-67]
_____ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way, or flood control basin [N.J.S. 40:55D-34]
_____ Direct issuance of a permit for a lot lacking street frontage [N.J.S. 40:55D-35]

12. Section(s) of Ordinance from which a variance is requested: _____

13. Waivers Requested of Development Standards and/or Submission Requirements: [attach additional pages as needed] _____

14. Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable.

The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing.

An affidavit of service on all property owners and a proof of publication must be filed before the application will be complete and the hearing can proceed.

15. Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of the premises: [attach pages as needed] _____

16. Is a public water line available? _____

17. Is public sanitary sewer available? _____

18. Does the application propose a well and septic system? _____

19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers? _____

20. Are any off-tract improvements required or proposed? _____

21. Is the subdivision to be filed by Deed or Plat? _____

22. What form of security does the applicant propose to provide as performance and maintenance guarantees? _____

23. Other approvals which may be required and date plans submitted:

	Yes	No	Date Plans Submitted
AnyTown Municipal Utilities Authority	_____	_____	_____
_____ County Health Department	_____	_____	_____
_____ County Planning Board	_____	_____	_____
_____ County Soil Conservation District	_____	_____	_____
NJ Department of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Development Permit	_____	_____	_____

Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
Potable Water Construction Permit	_____	_____	_____
Other	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Public Service Electric & Gas Company	_____	_____	_____

24. Certification from the Tax Collector that all taxes due on the subject property have been paid.
25. List of Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing).

It is the responsibility of the applicant to mail or deliver copies of the application form and all supporting documents to the members of the professional staff [Engineer, Planning Consultant, Attorney for the Board to which the application is submitted] for their review. The documentation must be received by the professional staff at least fifteen [15] business days prior to the meeting at which the application is to be considered, otherwise the application will be deemed incomplete. A list of the professional staff is attached to the application form.

Quantity	Description of Item
_____	_____
_____	_____
_____	_____

26. The Applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the applicant's professionals:

Specify which reports are requested for each of the applicant's professionals or whether all reports should be submitted to the professional listed.

Applicant's Professional	Reports Requested
_____ Attorney	_____
_____ Engineer	_____
_____	_____
_____	_____

CERTIFICATIONS

27. I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership applicant.

[If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.]

Sworn to and subscribed before me this

___ day of _____, 20 ___

NOTARY PUBLIC

SIGNATURE OF APPLICANT

28. I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant.

[If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.]

Sworn to and subscribed before me this

___ day of _____, 20 ___

NOTARY PUBLIC

SIGNATURE OF APPLICANT

29. I understand that the sum of \$_____ has been deposited in an escrow account (Builder's Trust Account). In accordance with the Ordinances of the Township of _____, I further

understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

Date

SIGNATURE OF OWNER

ANYTOWN TOWNSHIP PROFESSIONAL STAFF

Engineer

Engineer Name, P.E. & L.S. 609-000-0000
Engineer Firm FAX: 609-000-0000
Engineer Address
AnyTown, New Jersey 00000

Planning Consultant

Planner Name, P.P. & C.L.A. 609-000-0000
Planner Firm FAX: 609-000-0000
Address
AnyTown, New Jersey 00000

Traffic Consultant

Consultant Name, P.E. 609-000-0000
Consultant Firm FAX: 609-000-0000
Address
AnyTown, New Jersey 00000

Planning Board Attorney (Solicitor)

Attorney Name, Esquire 609-000-0000
Firm Name FAX: 609-000-0000
Address
AnyTown, New Jersey 00000

Zoning Board of Adjustment Attorney (Solicitor)

Attorney Name, Esquire 609-000-0000
Firm Name FAX: 609-000-0000
Address
AnyTown, New Jersey 00000

Township Attorney (Solicitor)

Attorney Name, Esquire 609-000-0000
Firm Name FAX: 609-000-0000
Address
AnyTown, New Jersey 00000