

APPLICATION INSTRUCTIONS for ZONING BOARD

1. Please submit two (2) separate checks payable to: TOWNSHIP OF WASHINGTON.
One for the escrow deposit and the other for the application fee.
2. All applications must include twenty (20) copies of survey or plot plan (if Zoning Board) and twenty (20) sealed plans and/or any applicable reports (if Planning Board) along with twenty (20) copies of the application. All items should be **collated** and submitted to the Zoning/Planning Office.
3. Submissions must be made to the Zoning/Planning Office at least 18 **business** days prior to the hearing date. They will be stamped and six (6) copies will be returned to the applicant to be submitted to the professionals on the attached list. Submission to the said professionals must be made at least fifteen (15) **business** days of the hearing date.
4. The applicant must have their tax information verified. (See page 11 for form)
5. They will also be provided a list of anyone owning property within 200 feet of their property along with utilities. They must make notice to these owners ten (10) days prior to the hearing. (See page 12 for form)
6. The applicant must also notify the official newspaper of the date of the hearing ten (10) days prior to the hearing. (See page 13 for form)
7. The applicant must provide the Zoning/Planning office with a Notarized Affidavit of Notice included in this packet that verifies that they have taken the above noted actions. (See page 14 for form)

Fee schedule is attached along with a list of Professionals for both Boards.

Escrow fees are submitted to cover the costs of the Board's Professional's to review the application, as well as other documentation. Any escrows monies not used and remain in the escrow account are returned to the applicant. Escrow Fees required at the time of submission are minimum amounts. Additional fees may be needed when the original escrow amount is deficient. The escrow account must be maintained at the minimum amount.

PLEASE DO NOT COPY THIS PAGE WITH YOUR APPLICATION.

If there are any questions, please feel free to contact this office.

TOWNSHIP OF WASHINGTON
MUNICIPAL BUILDING
523 Egg Harbor Road
Sewell, NJ 08080

To be completed by Township staff only.

Date Filed: _____ Escrow No.: _____

Planning Board: _____ Zoning Board: _____

Application Fees: _____ Escrow Deposit: _____

Scheduled for:

Work Session: _____ Hearing: _____

1. SUBJECT PROPERTY

Location:

Block _____ Lot(s) _____ Zone _____

Dimensions: Frontage _____ Depth _____ Total Area _____

2. APPLICANT

Name

Address

Telephone # _____ Work/Cell # _____

Fax # _____ Email: _____

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 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 _____

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

Owner Name _____
 Address _____
 Telephone # _____ Work # _____
 Cell # _____ Fax # _____

5. PROPERTY INFORMATION

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:

Yes [attach copies] _____ No _____ Proposed _____

Present use of the premises:

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.

6. Applicant's Attorney: _____
Address : _____

Telephone # _____ Work # _____

Cell # _____ Fax # _____

7. Applicant's Engineer: _____
Address : _____

Telephone # _____ Work # _____

Cell # _____ Fax # _____

8. Applicant's Planning Consultant: _____
Address : _____

Telephone # _____ Work # _____

Cell # _____ Fax # _____

9. Applicant's Traffic Engineer: _____
Address : _____

Telephone # _____ Work # _____

Cell # _____ Fax # _____

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 # _____ Work # _____

Cell # _____ Fax # _____

11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

Reason for request:

- Developmental Review Committee
- 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. 40:55 D-70c(2)]
- Variance Relief (use) [N.J.S. 40:55 D-70d]
- Conditional Use Approval [N.J.S. 40:55D-67]
- Direct issuance of a permit for a lot lacking street frontage [N.J.S. 40:55D-35]

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>REQUIRED</u>
Minimum lot area:*	_____	_____	_____
Building Coverage limit:*	_____	_____	_____
Front yard setback:*	_____	_____	_____
Side yard setback:*	_____	_____	_____
Rear yard setback:*	_____	_____	_____
Roadway frontage:	_____	_____	_____
Impervious Coverage limit:	_____	_____	_____
Clearing limit:	_____	_____	_____
Vegetated area :	_____	_____	_____
Number of curb cuts:	_____	_____	_____
Parking Spaces:*	_____	_____	_____
Building Height:*	_____	_____	_____
Gross floor area:*	_____	_____	_____

* Denotes items required on the site plan.

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. **(See pages 11 & 12 for forms)**

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:

			<u>DATE PLANS</u>
	<u>YES</u>	<u>NO</u>	<u>SUBMITTED</u>
WTMUA	_____	_____	_____
Gloucester County Health Dept.	_____	_____	_____
Gloucester County Planning Board	_____	_____	_____
Gloucester Cty Soil Conserv. Dist.	_____	_____	_____

W T Fire District	_____	_____	_____
NJ Dept. of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Develop. Permit	_____	_____	_____
Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
Potable Water Const. Permit	_____	_____	_____
Other	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Gas Company	_____	_____	_____
Electric Company	_____	_____	_____

All approvals from all other reviewing agencies must be in written form and are to be submitted to the Township of Washington.

24. **Certification from the Tax Collector** that all taxes are due on the subject property have been paid. (see page 11 for form)

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, Planner, 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. The following items are included with this application:

<u>Quantity</u>	<u>Description of Item</u>
_____	_____
_____	_____
_____	_____

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.

<u>Applicant's Professional</u>	<u>Report Requested</u>
<u>Attorney</u>	<hr/>
<u>Engineer</u>	<hr/>

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

APPLICANT NAME PRINTED

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 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 OWNER

OWNER'S NAME PRINTED

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 Washington, 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 in a timely fashion.

Date

SIGNATURE OF APPLICANT

APPLICANT'S NAME PRINTED

VERIFICATION OF TAX PAYMENT REPORT

This form must be filed and approved by the Tax Collector of the Township of Washington, prior to issuance of any permits or appearance before the ZONING BOARD of ADJUSTMENT for hearing of applicant's application of appeal for variance.

Name:

Home Address:

Telephone _____

Work # _____

Cell # _____

Fax _____

Property Address Requesting Approval: _____

Block: _____ Lot: _____ Plate: _____

Former Owner (if known): _____

All property owners must have taxes current prior to approval please list any comments on a separate sheet and attach.

Signature: _____ Date: _____

Secretary, Zoning Board of Adjustment

Tax Collector: _____ Date: _____

Taxes Current Yes No

Tax Title Lien Yes No

Signature: _____ Date: _____

Tax Collector

NOTICE TO PROPERTY OWNERS

A PUBLIC HEARING will be held by the ZONING BOARD OF ADJUSTMENT OF THE TOWNSHIP OF WASHINGTON, at a public meeting to be held on _____ at 6:00 PM in the Municipal Building on Egg Harbor Road, Turnersville, New Jersey, Washington Township, County of Gloucester.

The object of the HEARING will be to consider an APPEAL for the following:

USE VARIANCE [] BULK VARIANCE [] OTHER []

APPLICANT is seeking relief for the following purpose:

SAID PROPERTY is situated at:

ADDRESS
BLOCK: _____ LOT: _____

YOU ARE ADVISED OF SAID HEARING because you are the owner(s) of property located within 200 feet and are required to be notified according to the requirements of M.L.U.L. 1975. You are not required to attend this meeting unless you wish to object to the desired action by the appellant.

ALL DOCUMENTS relating to this application may be inspected by the public during official hours in the office of the Zoning Board of Adjustment at the Municipal Building. For information, please call (856) 589-0520, ext. 233 or 234, for further information.

DATE: _____

APPELLANT

ADDRESS

NEWSPAPER PUBLICATION OF NOTICE

PUBLIC NOTICE

Please take notice that the **Washington Township Zoning Board of Adjustment** will conduct a public hearing on:

_____, at 6:00 PM in the Municipal Building on Egg Harbor Road, Turnersville, NJ, Washington Township, County of Gloucester.

Application is being made by: _____
NAME

ADDRESS

Property located at: _____

Identified as Block _____ Lot _____
On the Tax Map of the Township of Washington

Application in be made for the purpose of the following relief:

A copy of the proposed plan(s) is/are available for public inspection at the office of the Zoning Board of Adjustment in the Municipal Building. Please call (856) 589-0520 ext. 233, 234 for further information.

AFFIDAVIT OF NOTICE

STATE OF NEW JERSEY, COUNTY OF GLOUCESTER

_____, being duly sworn, does hereby depose and state:

1. I am applicant for a Variance and/or a special exception of the Township of Washington Ordinances, before the Zoning Board of Adjustment, Township of Washington, County of Gloucester, and State of New Jersey.
2. At least ten (10) days prior to the hearing, I gave personal notice to all owners of property situated within or without the Township of Washington, as shown by the most recent tax lists of the Township, whose property or properties as shown by said lists provided by the Tax Assessor of the Township of Washington, are located within 200 feet of the property for which I make said application.
3. The Notice to Property Owners was given, either by handing a copy thereof to said owners personally, or by sending written notice thereof by Certified Mail, Return Receipt Requested, to the last known address of the owner or owners as shown by the most recent tax lists.
4. The following are the names and addresses of all owners of property who were served personally. (If necessary, attach separate list.)
5. Public Notice by Publication, in either the Gloucester County Times or the official newspaper of the Township has been made at least ten (10) days prior to the hearing date.
6. The following are the names and addresses of all owners of property who were served by Certified Mail, Return Receipt Requested. (If necessary, attach separate list.)

Sworn and Subscribed before me

This _____ day of _____, 20_____

Signature of Applicant

NOTARY PUBLIC

Notary Signature

ESCROW SETUP INFORMATION

The information below is necessary to initially set up your Escrow Account through TD Bank.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone No.: _____

Applicant's Email Address: _____

Tax Identification or Social Security Number: _____

Should you require assistance or have any questions, please do not hesitate to contact Teri Appice in the Escrow Department at 856-589-0520 ext. 226 or email at TAppice@twp.washington.nj.us.

FEE SCHEDULE

RESIDENTIAL

1. Minor Subdivision	Application Fee: \$250.00	Escrow Dep.: \$ 500.00
2. Major Subdivision		
< 5 acres	Application Fee: \$750.00	Escrow Dep.: \$1,500.00
> 5 acres	Application Fee: \$750.00	Escrow Dep.: \$3,000.00

NON-RESIDENTIAL

1. Minor Subdivision		
< 5 acres	Application Fee: \$1,000.00	Escrow Dep.: \$1,500.00
> 5 acres	Application Fee: \$1,000.00	Escrow Dep.: \$2,000.00
2. Major Subdivision		
< 5 acres	Application Fee: \$1,500.00	Escrow Dep.: \$3,000.00
> 5 acres	Application Fee: \$1,500.00	Escrow Dep.: \$5,000.00

SITE PLAN

1. Minor Site Plan		
< 5 acres	Application Fee: \$1,000.00	Escrow Dep.: \$1,500.00
> 5 acres	Application Fee: \$1,000.00	Escrow Dep.: \$2,000.00
2. Major Site Plan		
< 5 acres	Application Fee: \$1,500.00	Escrow Dep.: \$3,000.00
> 5 acres	Application Fee: \$1,500.00	Escrow Dep.: \$5,000.00

Zoning:

1. Variances		
Residential	Application Fee: \$ 250.00	Escrow Dep.: \$ 500.00
Non- Residential	Application Fee: \$ 250.00	Escrow Dep.: \$1,000.00
2. Interpretations		
Non- Residential	Application Fee: \$ 250.00	Escrow Dep.: \$1,000.00

Escrow fees required at the time of submission are minimums. Additional fees may be needed when the original escrow amount is deficient. The escrow account must be maintained at \$1,000.00.

Escrow fees will be applied to your account. Services will be rendered by engineers, planners, board attorney or any professional deemed necessary by the Planning Board.

TOWNSHIP OF WASHINGTON
ZONING BOARD OF ADJUSTMENT
2012 MEETING LIST

SUBMISSION DEADLINE	MEETING DATE	TYPE AND TIME
	Wed., January 11, 2012	Reorganization @ 6 PM
1/6/2012	Wed., February 1, 2012	Work Session @ 5 PM
1/18/2012	*Tues., Feb. 14, 2012	Regular Meeting @ 6 PM
2/9/2012	Wed., March 7, 2012	Work Session @5 PM
2/14/2012	Mon., March 12, 2012	Regular Meeting @ 6PM
3/9/2012	Wed., April 4, 2012	Work Session @5 PM
3/14/2012	Mon., April 9, 2012	Regular Meeting @ 6PM
4/6/2012	Wed., May 2, 2012	Work Session @5 PM
4/18/2012	Mon., May 14, 2012	Regular Meeting @ 6PM
5/11/2012	Wed, June 6, 2012	Work Session @5 PM
5/16/2012	Mon., June 11, 2012	Regular Meeting @ 6PM
6/9/2012	Thursday., July 5, 2012	Work Session @5 PM
6/13/2012	Mon., July 9, 2012	Regular Meeting @ 6PM
7/6/2012	Wed., August 1, 2012	Work Session @5 PM
7/18/2012	Mon., August 13, 2012	Regular Meeting @ 6PM
8/10/2012	Wed., September 5, 2012	Work Session @5 PM
8/15/2012	Mon., September 10, 2012	Regular Meeting @ 6PM
9/6/2012	Wed., October 3, 2012	Work Session @5 PM
9/12/2012	Mon., October 15, 2012	Regular Meeting @ 6PM
10/12/2012	Wed., November 7, 2012	Work Session @5 PM
10/17/2012	*Tues, November 13, 2012	Regular Meeting @ 6 PM
11/9/2012	Wed., December 5, 2012	Work Session @ 5 PM
11/14/2012	Mon., December 10, 2012	*Regular Meeting @ 5 PM
	Wed., January 9, 2013	Reorganization @ 6 PM

*Work Sessions are held on the 1st Wednesday of the Month and Regular Meetings are held on the 2nd Monday of the month except where noted by *.*

Please note the time difference for the December Regular Meeting.

ZONING BOARD PROFESSIONALS 2012

SOLICITOR

Capehart Scatchard
Anthony Drollas, Jr.
142 West State Street
Trenton, NJ 08608
Phone: 609-394-2400
Fax: 609-394-3470

ENGINEER

Maser Consulting, PA
Roger D. McLarnon
156 Stagecoach Rd.
Marmora, NJ 08223
Phone: 609-390-1927
Fax: 609-390-0040

PLANNER

Maser Consulting, PA
Joseph J. Layton
Perryville III Corporate Park
53 Frontage Rd., Ste. 120
P.O. Box 4017
Clinton, NJ 08809
Phone: 908-238-0900
Fax: 908-238-0901

ENVIRONMENTAL ENGINEER

Maser Consulting, PA
Robert L. Zelle
Perryville III Corporate Park
53 Frontage Rd., Ste.120
P.O. Box 4017
Clinton, NJ 08809
Phone: 908-238-0900
Fax: 908-238-0901

TRAFFIC ENGINEER

Maser Consulting, PA
S. Maurice Rached
100 American Metro Blvd., Ste. 152
Hamilton, NJ 08619
Phone: 609-587-8200
Fax: 609-587-8260



Washington Township Fire Department
BUREAU OF FIRE PREVENTION
OFFICE OF THE FIRE OFFICIAL

Washington Township
P.O. Box 8176
Turnersville, N.J. 08012
856-589-1869 • Fax 856-589-0239
www.WTFD10.com

ALL INFORMATION ON THIS APPLICATION FOR REVIEW **MUST BE COMPLETED** AND THE PROPER FEE ENCLOSED IN ORDER TO START THE REVIEW PROCESS. FAILURE TO COMPLY WITH SUBMISSION REQUIREMENTS WILL CLASSIFY THIS APPLICATION AS "INCOMPLETE".

Planning Board _____ Zoning Board _____
New Application _____ Revised Application _____ Preliminary _____ Final _____
Residential _____ Commercial _____ Industrial _____ Other _____

1. Applicant's Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
2. Owner's Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
3. Attorney's Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
4. Location of Site: _____
Street Address: _____
Tax Map Plate: _____ Block: _____ Lot: _____
5. Site Details: Zoned: _____
Commercial/Industrial/Other: Lot Size: _____ (Acres to be Developed)
Building Size: _____ Number of Parking Spaces: _____
Residential: Square Footage: _____ Number of Units: _____
Number of Parking Spaces: _____
6. Proposed Construction: Alteration of Existing Structure _____ New Construction _____
Description: _____
7. Fee: \$25.00 for Review. Please make payable to: **BUREAU OF FIRE PREVENTION**

ACKNOWLEDGEMENT

I/We understand and agree that if the activity I/We propose changes from the category(s) denoted in this application, it will be necessary to resubmit all changes, in writing, to the above referenced address. The applicant, upon final approvals, will submit two sets of approved plans.

OWNER'S SIGNATURE _____ DATE _____ APPLICANT'S SIGNATURE _____ DATE _____

• EMERGENCY DIAL 911 •