PLANNING BOARD - DEVELOPMENT REVIEW COMMITTEE (DRC) Application

Date Received: _____ **Escrow #**_____

Application Fee: $100 **Scheduled for Meeting Date:** _____

Escrow Fee: $1000

To be completed by Applicant:

Applicant Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Project Name: _____

Work Site Address: _____

Block: _____ Lot: _____

Type of Application: ***Must include 7 copies of Plans with application***

___ Minor Site Plan ___ Major Site Plan

___ Minor Subdivision ___ Major Subdivision

___ Concept Plan ___ Other

Zoning Requirements:

Zone: _____

Bulk Requirement ___ yes ___ no Variances required: ___ yes ___ no

To be completed by Township Staff:

DRC Action:

___ Concept Plan – Reschedule for DRC upon receipt of application

___ Incomplete – Schedule for Board Meeting on _____

___ Complete – Schedule for Board Meeting on _____

___ Other - _____

Professional Review:

___ Engineer ___ Planner

___ Environmental Engineer ___ Traffic Engineer

Chairman Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

1

Verification of Tax Payment Report

This form must be filed and approved by the Tax Collector of the Township of Washington, prior to submitting board application and prior to appearance before the Planning Board or Zoning Board of Adjustment for hearing of applicant's application and any issuance of any permits.

Complete prior to submitting application

Name: _____

Address: _____

Telephone #: _____ Cell/Work #: _____

Email Address: _____ Fax #: _____

Property Address Requesting Approval: _____

Block: _____ Lot: _____ Qualifier: _____

All property owners must have taxes current prior to board submission and approvals.

Tax Collector: Taxes Current ( ) Yes ( ) No

Tax Title Lien ( ) Yes ( ) No

Signature: _____ Date: _____
Tax Collector

For municipality use only:

Signature: _____ Date: _____
Board Secretary

Escrow Setup Information

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

Applicant's Name: _____

Applicant's Address: _____

_____

Telephone #: _____ Cell #: _____

Email Address: _____ Fax #: _____

Billing Address if different from applicant:

Name: _____

Address: _____

_____

Telephone #: _____ Cell #: _____

Email Address: _____ Fax #: _____

Applicant's Tax Identification or Social Security Number: _____

All escrow statements will be sent to the billing address listed on Escrow Setup Information sheet. Escrow account must be maintained at all times to eliminate any delays or scheduled meeting dates.

Should you require assistance or have any questions, please do not hesitate to contact Debbie Poolos in the Escrow Department at (856) 589-0520 ext. 2286 or email dpoolos@twp.washington.nj.us

Escrow Agreement

Escrow # _____

(Name) _____ is hereinafter referred to as the "Applicant", the Planning or Zoning Board of the Township of Washington is hereinafter referred to as the "Board", and the Township of Washington in the County of Gloucester is hereinafter referred to as "Township".

WHEREAS, the Ordinance requires the Applicant to establish an escrow whereby work required to be performed by professionals employed by the Board will be paid for by the Applicant as required under provisions of the Ordinances cited above;

NOW, THEREFORE,

SECTION 1. PURPOSES

The Applicant agrees to pay all reasonable professional fees incurred by the Board for the performance of duties.

SECTION 2. ESCROW ESTABLISHED

The Applicant hereby creates an escrow to be established within the Chief Financial Officer (CFO) of the Township.

SECTION 3. ESCROW FUNDED

The Applicant, upon execution of this agreement, shall pay to the Township such sums as required by Ordinance to be deposited in the repository referred to in Section 2.

SECTION 4. INCREASE IN ESCROW FUND

If, during the existence of the Escrow Agreement, the funds held by the escrow shall be insufficient to cover any voucher or bill submitted by the professional staff and reviewed and approved by the Chief Financial Officer (CFO) or the CFO's designee or fall below the minimum amount required by the Township. The Applicant shall, within fourteen (14) days of receipt of written notice, deposit additional sums with the escrow holder to cover the amount of the deficit referred to above and such additional amount reasonably anticipated by the Chief Financial Officer (CFO) or the CFO's designee needed to complete the application process. Additionally, until such funds are fully replenished, no further consideration, review, processing of any pending application shall be permitted by the Planning Board or Zoning Board, nor shall any further inspections be performed by or on behalf of the Township until such additional escrow has been deposited. Failure to post sufficient escrow funds to cover costs incurred or anticipated shall toll the period of action by the approving authority, as required by N.J.S.A. 40:55D-1 et seq and particularly N.J.S.A. 40:55D-51 and N.J.S.A. 40:55D-73 thereby barring an applicant from seeking a default approval under N.J.S.A. 40:55D-10.4.

The written notice referred to in this paragraph shall be sent to the responsible party on the escrow setup documentation supplied on page 9.

Unless otherwise shown, receipt shall be presumed to have occurred three (3) days after mailing. The notice required under this paragraph shall be in the form of a Project Account Statement sent from the Escrow Department.

After a period of forty five (45) days from the notice from the Township and/or professional, the applicant's failure to deposit the additional funds shall be grounds for denial of the application or for dismissal of the application without prejudice. In the event the Board approves the application, the obligation to pay for professional plan reviews fees by depositing the funds in escrow shall be a condition of the approval granted by the Board. If the escrow funds are depleted, after the application is filed or granted, the applicant shall pay additional funds upon demand with the aforementioned fourteen (14) day period. The failure to pay, the demanded funds may also result in a voiding of any prior approvals upon due notice to the applicant by the Board. In addition to the foregoing, the Applicant hereby agrees that in the event the reasonable and necessary amounts charged by the professionals for review of the application are not paid, the outstanding fees shall be deemed a lien on the above described property and shall be collectable as in the case of taxes by the adoption of a resolution by the Township governing body upon receipt of a certification that the amounts are due and owing pursuant to this agreement. Negative escrow balances shall incur interest at 1.5% per month.

In the event of the sale or transfer of property which is the subject of a development application or a change in the identity of the applicant, all funds on deposit pursuant to this agreement shall run with the development application affecting the property in questions and shall be considered to be the asset and/or obligation of any subsequent owner or applicant unless the initial owner or applicant provides written notice to the approving authority, and to the professionals providing review services, that the initial owner or applicant has specifically reserved ownership rights of the escrow account. In the event such a notice is received by the Township officials and professionals, no further review shall be undertaken by relevant professionals until the new or subsequent owner or applicant has established an escrow account and signed an escrow agreement.

SECTION 5. TIME OF PAYMENT

The professionals referred to in the Agreement, upon the conclusion of their services or periodically during the performance of their services, shall submit vouchers conforming to the requirements established by the Township for vouchers of the type and kind referred to under this paragraph. Said vouchers shall include the amounts of all fees and costs incurred as a result of the services set forth under Section 1 of this Agreement.

SECTION 6. PAYMENTS FROM ESCROW FUNDS

The CFO or designee shall review the vouchers submitted by the professionals to determine whether the services have been performed in the manner and to the degree required by this Agreement. Upon making a determination that said services have been performed properly, the CFO or his designee shall process said vouchers in the same manner and under the same terms as are normally employed for

vouchers submitted for work performed on behalf of the Township. At the conclusion of this processing, the amounts specified in said vouchers shall be paid by the escrow holder from the escrow established pursuant to this agreement.

SECTION 7. APPLICANT NOTIFICATION TO DISPUTE CHARGES

Pursuant to N.J.S.A. 40:55D-53. Et. Seq. applicants shall notify Washington Township, Department of Community Development, and the professional whenever applicants disputes the charges made by a professional for service rendered to the municipality in reviewing applications for development, review and preparation of documents, inspection of improvements, or other charges made. The Township, or its designee, shall within a reasonable time period attempt to mediate any disputed charges. If the matter is not resolved to the satisfaction of the applicant, the applicant may appeal to the Gloucester County Construction Board of Appeals within the time period established under the Municipal Land Use Law Regulations (M.L.U.L).

SECTION 8. RETURN OF UNUSED ESCROW FUNDS

Escrow funds cannot be refunded for at least one hundred twenty (120) days from the time of a final decision of the Planning or Zoning Board. After one hundred twenty (120) days, a request to refund unused escrow may be made by letter and directed to the Escrow Department.

IN WITNES WHERE OF, the parties hereto have set their hands and seals the date first written above.

_____

Applicant Name Printed

_____

Applicant Signature *If the applicant is a corporation, this signature must be attested to by an attorney

THIS AGREEMENT signed on _____

Date

***Original "Wet" Signature required on all documents.**

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

Requester's name and address (optional)
Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
☐☐ - ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

TOWNSHIP OF WASHINGTON
PLANNING BOARD
2025
MEETING DATES

SUBMISSION DEADLINE	MEETING DATE	TYPE AND TIME
NO APPLICANTS	Tuesday, January 7, 2025	**REORGANIZATION @ 6PM**
12/23/2024	Tuesday, January 21, 2025	***DRC @5PM/REG. MTG @ 6PM**
1/9/2025	Tuesday, February 4, 2025	***DRC @5PM/REG. MTG @ 6PM**
1/22/2025	Tuesday, February 18, 2025	REGULAR MEETING @ 6PM
2/4/2025	Tuesday, March 4, 2025	***DRC @5PM/REG. MTG @ 6PM**
2/20/2025	Tuesday, March 18, 2025	REGULAR MEETING @ 6PM
3/6/2025	Tuesday, April 1, 2025	***DRC @5PM/REG. MTG @ 6PM**
3/20/2025	Tuesday, April 15, 2025	REGULAR MEETING @ 6PM
4/9/2025	Tuesday, May 6, 2025	***DRC @5PM/REG. MTG @ 6PM**
4/23/2025	Tuesday, May 20, 2025	REGULAR MEETING @ 6PM
5/13/2025	Tuesday, June 10, 2025	***DRC@5PM/REG. MTG @ 6PM**
5/16/2025	Tuesday, June 17, 2025	REGULAR MEETING @ 6PM
6/20/2025	Tuesday, July 15, 2025	***DRC @ 5PM/REG. MTG @ 6PM**
7/17/2025	Tuesday, August 12, 2025	***DRC @ 5PM/REG. MTG @ 6PM**
8/6/2025	Tuesday, September 2, 2025	***DRC @ 5PM/REG. MTG @ 6PM**
8/20/2025	Tuesday, September 16, 2025	REGULAR MEETING @ 6PM
9/11/2025	Tuesday, October 7, 2025	***DRC @ 5PM/REG. MTG @ 6PM**
9/24/2025	Tuesday, October 21, 2025	REGULAR MEETING @ 6PM
10/22/2025	Tuesday, November 18, 2025	***DRC @ 5PM/REG. MTG @ 6PM**
11/3/2025	Tuesday, December 2, 2025	***DRC @ 5PM/REG. MTG@ 6PM**
NO APPLICANTS	Tuesday, December 16, 2025	****REGULAR MEETING @ 6PM**
NO APPLICANTS	Tuesday, January 6, 2026	**REORGANIZATION @ 6PM**

DEVELOPMENT REVIEW COMMITTEE (DRC) SUBMISSION DEADLINE IS TWO WEEKS PRIOR TO THE MEETING DATE.

*DRC meeting is held on the 1st Tuesday of each month at 5PM except where noted.

*Regular meetings are held on the 1st and 3rd Tuesday of the month at 6PM except where noted.

Meetings are held in:

Washington Township Municipal Building
Council Room A
523 Egg Harbor Road
Sewell, NJ 08080