Application Instructions for the Planning Board/Zoning Board of Adjustment

1. Please submit **(2) two separate checks** payable to: Township of Washington. One check for the escrow account and the other for the application fee. The application fee in non-refundable. Escrow fees are submitted to cover the costs of the Board Professionals review of applications, documents and/or inspection of a project under construction. 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 at all times to avoid delays.

2. All **Commercial applications seeking a subdivision or site plan** **MUST** also submit an application for the Fire Department with appropriate fee. **(Application Attached)**

3. All applications must include the **original application with wet signatures** and (19) nineteen copies of the application, (20) Twenty sealed plans and/or any applicable reports. Applicant must follow the approved checklist for all submissions. All items should be **COLLATED** and submitted to the Zoning/Planning Office**. Application will not be accepted if it is not collated.**

   ***Any large presentation boards used or displayed as exhibits at a Board meeting shall be submitted in a reduced, plain paper format and provided to the Board Secretary for record retention, not to exceed 11" x 17".**

4. Submissions must be made to the Zoning/Planning Office at least 18 business days prior to the hearing date. (Submission Deadline dates attached).

5. The applicant must have their tax information verified (form attached) by the Tax Collector **before** submitting the application. The Tax Collector's office will provide a list of property owners within a 200 ft. radius of said property along with utility companies. The applicant must make notice to these owners within (10) ten days prior to the hearing (form attached). **Proof of notification must be supplied to the Board Secretary 5 days prior to official meeting.**

6. The applicant must notify the official newspaper (South Jersey Times or Courier Post) for the Board, of the date of the hearing (10) ten days prior to the hearing (form attached). **Proof of Publication must be supplied to the Board Secretary 5 days prior to official meeting.**

7. The applicant must provide the Zoning/Planning office with a Notarized Affidavit of Notice that verifies that they have taken the above noted actions (form attached).

8. **Failure to meet all of the above deadlines will result in not being heard at the official meeting.**

Any questions or concerns, please contact this office at 856-589-0520 ext. 2245

Rev. 1/26

DO NOT COPY

FEE SCHEDULE - RESIDENTIAL

			Required Application Fees	Required Escrow Fees
☐	**Variance**	☐ Use or (d)	$250	$500
		☐ Bulk or (c)	$250	$500
		☐ Conditional Use	$250	$500
		☐ Other than Use	$250	$500
☐	**Subdivision - Minor**		$250	$500
☐	**Subdivision - Major**	<5 acres	$750	$1500
		>5 acres	$750	$3000

FEE SCHEDULE - COMMERCIAL

			Required Application Fees	Required Escrow Fees
☐	**Variance**	☐ Use or (d)	$250	$1000
		☐ Bulk or (c)	$250	$1000
		☐ Conditional Use	$250	$1000
		☐ Other than Use	$250	$1000
☐	**Development Review Committee (DRC)**		$100	$1000
☐	**Subdivision - Minor**	<5 acres	$1000	$1500
		>5 acres	$1000	$2000
☐	**Subdivision - Major**	<5 acres	$1500	$3000
		>5 acres	$1500	$5000
☐	**Site Plan - Minor**	<5 acres	$1000	$1500
		>5 acres	$1000	$2000
☐	**Site Plan – Major**	<5 acres	$1500	$3000
		>5 acres	$1500	$5000
☐	**Site Plan Waiver**		$200	$1000
☐	**Signage**		$200	$1000

Total All Application Fees Due $_____ **Total All Escrow Fees Due** $_____

☐ **Bureau of Fire Prevention Application** $25 Separate Check

***Commercial applications seeking subdivision or site plan (new or revised**) **MUST** include Fire Prevention application with board application.*

Township of Washington
Municipal Building
523 Egg Harbor Road
Sewell NJ 08080

To be completed by Township staff only.

Date Filed:	_____	Escrow Number:	_____
Planning Board:	_____	Zoning Board:	_____
Application Fees Pd:	_____	Escrow Deposit :	_____
Scheduled for:			
DRC/Work Session:	_____	Hearing Date:	_____

1. **Subject Property**

   Location:

   _____

   Block _____ Lot(s) _____ Zone _____

   Dimensions: Frontage _____ Depth _____ Total Area _____

2. **Applicant**

   Name: _____

   Address: _____

   Telephone # _____Work/Cell_____

   Email: _____ Fax# _____

   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 _____

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

   Owner name: _____

   Address: _____

   Telephone #: _____ Cell/Work #:_____

   Email Address: _____ 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 #: _____ Cell/Work #:_____

   Email Address: _____ Fax #: _____

   Legal Assistant's Name: _____ Work #: _____

   Legal Assistant's Email: _____

7. **Applicant's Engineer**: _____

   Address: _____

   Telephone #: _____ Cell/Work #:_____

   Email Address: _____ Fax #: _____

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

   Address: _____

   Telephone #: _____ Cell/Work #:_____

   Email Address: _____ Fax #: _____

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

   Address: _____

   Telephone #: _____ Cell/Work #:_____

   Email Address: _____ Fax #: _____

10. List any other Expert who will submit a report or who will testify for the Applicant: (Attach pages as needed)

Name/Field of Expertise: _____

Address: _____

Telephone #: _____ Cell/Work #:_____

Email Address: _____ Fax #: _____

11. Type of Application

☐ Development Review Committee (DRC)/Concept Plan
☐ Appeal of Administrative Officer's Decision
☐ Map or Ordinance Interpretation of Special Question
☐ Certificate Of Non-Conformity

☐ **Variance** ☐ Use or (d) ☐ Bulk or (c) ☐ Conditional Use

☐ **Subdivision** ☐ Under 5 Acres ☐ Over 5 Acres ☐ Minor ☐ Prelim Major ☐ Final Major

☐ **Site Plan** ☐ Under 5 Acres ☐ Over 5 Acres ☐ Minor ☐ Prelim Major ☐ Amended Prelim ☐ Final Major ☐ Amended Final

☐ **Site Plan Waiver** ☐ **Waiver of Ordinance Standards**

☐ **Signage**

	Existing	Proposed	Required
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 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 10 & 11 for forms).

**The Affidavit of service on all property owners and proof of publication MUST be accomplished at least (10) ten days prior to the date scheduled and submitted to the Washington Township Zoning/Planning Office 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 a 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. List all previous or pending applications for this parcel (Attach pages as needed).

_____

_____

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

	Yes	No	Date Plans Submitted
WTMUA	____	____	_____
Gloucester County Health Dept.	____	____	_____
Gloucester County Planning Board	____	____	_____
Gloucester County Soil Conserve Dist.	____	____	_____
Washington Twp. 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 Dept. 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.

25. Certification from Tax Collector verifying taxes on subject property have been paid. (Form on page 9)

26. List of maps, reports, and other materials accompanying the application (Attach pages as needed).

It is the responsibility of the applicant to mail or deliver copies of the application form and all supporting documents must be received by the Township of Washington Zoning & Planning Department (18) eighteen business days prior to the meeting at which the application is to be considered; otherwise the application will be deemed incomplete. The following items are included with this application:

Quantity	Description of Item
_____	_____
_____	_____
_____	_____

27. 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	Report Requested
Attorney _____	_____
Engineer _____	_____
Other _____	_____

CERTIFICATIONS

28. 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

_____

Printed Name of Applicant

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

29. 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 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

_____

Printed Name of Owner

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

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

Notice to Property Owners

A PUBLIC HEARING will be held by the Township of Washington **Planning Board/Zoning Board of Adjustment**, at a public meeting to be held on _____ at **6:00 PM** in the Municipal Building at 523 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 ( ) Site Plan ( ) Sub Division ( ) 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 Planning and Zoning Department at the Municipal Building. For information, please call (856) 589-0520 ext. 2245 or 2233 for further information.

Date: _____

Applicant: _____

Address: _____

_____

Newspaper Publication of Notice

Public Notice

Please take notice that the Washington Township **Planning Board/Zoning Board of Adjustment** will conduct a public hearing on: _____, at 6:00 PM in the Municipal Building at 523 Egg Harbor Road, Turnersville, New Jersey, Washington Township, County of Gloucester.

Application is being made by:

Name: _____

Address: _____

Property Located at:

Address: _____

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

Application is being made for the purpose of the following relief:

_____

_____

_____

_____

A copy of the proposed plan(s) is/are available for public inspection at the Planning and Zoning Department in the Municipal Building. Please call (856) 589-0520 ext. 2245 or 2233 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 a separate list)
5. Public Notice by Publication, in the South Jersey Times or other 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 Public Signature: _____

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

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 WITNESS 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.**