



ZONING BOARD OF ADJUSTMENT

Borough of Edgewater
55 River Road
Edgewater, NJ 07020

No. _____

APPLICATION FOR PRELIMINARY AND/OR FINAL SITE PLAN APPROVAL AND VARIANCES

Date: _____

Section 1

Applicant Information

(Please print or type all information)

Name of Applicant: _____ Phone No. _____

Address: _____ Fax No: _____

Email: _____

If applicant is an entity such as a partnership, corporation, limited liability company or other, you must disclose the names of all individuals who have an interest therein. Please provide the percentage of ownership for each individual. Do not simply list another holding company or entity. If you cannot comply with this requirement, please explain why.

Name: _____ Phone No. _____

Address: _____ Fax No. _____

Email: _____

Percentage of Ownership: _____

Name: _____ Phone No. _____

Address: _____ Fax No. _____

Email: _____

Percentage of Ownership: _____

Name: _____ Phone No. _____

Address: _____ Fax No. _____

Email: _____

Percentage of Ownership: _____

Section 2

Property Owner Information

Property Owner's Name: _____ Phone No. _____

Address: _____ Fax No. _____

Email: _____

If owner is an entity such as a partnership, corporation, limited liability company or other, you must disclose the names of all individuals who have an ownership interest. Please provide the percentage of ownership for each individual. Do not simply list another holding company or entity.

Name: _____ Phone No. _____

Address: _____ Fax No. _____

Email: _____

Percentage of Ownership: _____

Note: The owner must execute the attached authorization attached to this application demonstrating that the owner consents to the within application submitted to the Planning Board.

Section 3

**Property Information
For Which Approval Is Sought**

Address of Property: _____

Block(s): _____ Lot(s): _____

Dimensions of Property: _____

Total Square Feet: _____

Total Acreage or Percentage Thereof: _____

Zone District of Property: _____

Please describe the existing use and conditions of Property: _____

Section 4

Approvals Being Sought

Please briefly describe the nature of the approvals being sought: _____

Please set forth: _____

Height of Proposed Building: _____ Number of Stories: _____

Number of Proposed Dwelling Units: _____

Number of Square Feet of Commercial Space: _____

Number of Square Feet of Retail Space: _____

Number of Parking Spaces Provided: _____

Number of Parking Spaces Required: _____

Note: Any amendments or modifications to the plan must be submitted to the Board and their professionals no less than 10 days prior to the meeting. Failure to comply with this requirement will result in the postponement of the application.

Section 5

Variances Required

Please set forth all variances that are required for this application. Please identify each specific section of the zoning ordinance, land use regulations, site plan regulations from which a variance or waiver is required:

Other Expert's Name: _____ Phone No. _____

Firm: _____ Fax No. _____

Address: _____ Email: _____

Area of Expertise: _____

Section 7

Payment of Taxes

All property taxes must be paid. Proof of Payment must be obtained from the Borough Tax Collector and submitted to the Board.

Section 8

Prior Hearings or Approvals Concerning Property

Please set forth any prior hearings or applications conducted by the Planning Board or Zoning Board of Adjustment concerning this property. Please describe the nature of the application, the approval sought, the dates of the hearings and the disposition of the application. Attach a copy of any Resolution adopted by that Board.

Section 9

Mount Laurel Obligation

Pursuant to Borough Ordinance Section 249-107 et. seq., each application for development must provide for their fair share of low and moderate residential housing pursuant to Council On Affordable Housing (COAH) regulations. Please set forth your COAH obligation for this development project. Please describe how the applicant intends to meet its COAH obligation as per Borough Ordinance.

Off-Site COAH Housing

If affordable housing units are to be located off-site, please provide the name of the owner of the property and the address of the property, lot(s), and block(s) and the number of units to be constructed on that property.

Name: _____ Phone No. _____

Address: _____ Fax No. _____

Email: _____

Lot(s): _____ Block(s): _____

Note: Hearings will not be held on any project unless all property taxes and application fees have been paid and escrow amounts have been deposited with the Borough. Furthermore, the application will not be deemed complete until applicant has submitted all required information set forth on the development checklist.

Certification

I hereby certify that the information set forth in the above application is truthful and accurate.

Date: _____

Applicant's Signature
(Must be signed by Applicant)

Print Name of Applicant