

TOWNSHIP OF MONROE LAND DEVELOPMENT APPLICATION

Application No.: _____

Planning Board : _____ Zoning Board : _____

Date of Submission
_____/_____/_____

Application Fee: \$ _____

Escrow Fee: \$ _____

Received By: _____

Escrow Fee Over \$5,000.00 Must Include S.S. # or E.I.N. # _____ and an original W-9 form

DO NOT WRITE ABOVE THIS LINE

A.

1) **A A**

A P P L I C A N T	Name	
	Street Address	Telephone Fax Email
	City, State	Zip Code

2) **O W N E R**

Name	
Street Address	Telephone Fax Email
City, State	Zip Code

Are you seeking any Design Exceptions (108.12) YES _____ NO _____
or Checklist Waivers (108.16) YES _____ NO _____
or any Variances YES _____ NO _____ (Check appropriate boxes below)

- B. Type of Application: (Check ALL that apply) VARIANCES:**
- | | | |
|---|--|---|
| 1) Minor Sub. _____ | 5) Site Plan-Pre _____ | 9) Conditional Use _____ |
| 2) Major Sub-Pre _____ | 6) Site Plan-Fin _____ | 10) C.40:55D-70A _____ (appeal) |
| 3) Major Sub-Fin. _____ | 7) Minor Site Plan _____ | 11) C.40:55D-70B _____ (interpretation) |
| 4) Planned Office/
Commercial Devel. _____ | 8) Planned Retirement
Community _____ | 12) C.40:55D-70C _____ (bulk) |
| | | 13) C.40:55D-70D _____ (use) |

C. Previous Appeals or Activity:

No _____ Yes _____ If yes, Date _____/_____/_____

mo. day yr.

Please Describe _____

D. Location:

1)

Street Address

2)

Tax Map	Block No.	Lot No.
---------	-----------	---------

3)

Zone District

E. Description of Proposed Use: (Used to list on public agenda)

1)	Present Use	
2)	Proposed Use	
3)	No. of Lots/Units	Brief Description of Application

4) Lot Size (In Words): _____

Proposed	Frontage	Depth	Square Feet	Acres
Required	Frontage	Depth	Square Feet	Acres

5) Primary Building Setback Requirements:

Proposed	Front	One Side	Total (Both Sides)	Rear
Minimum Required	Front	One Side	Total (Both Sides)	Rear

6) Accessory Building Setback Requirements:

Proposed	Side	Rear
Minimum Required	Side	Rear

7) Height:

Proposed	
Maximum Allowed	

8) Percent of Lot Coverage:

Proposed	%
Maximum Allowed	%

9) Gross Floor Area:

Proposed	Square Feet
Minimum Required	Square Feet

10) Number of Parking Spaces:

Proposed	Off-Street	Loading
Minimum Required	Off-Street	Loading

11) Basis for Determining Parking Requirements

Employees	Units	Seats	Beds
Courts	Rooms	Stalls	Other

F. Utilities:

	Yes	No
1) Water		
Will the applicant require new water supply from street?	_____	_____
Is Municipal water supply available?	_____	_____
Is water to be supplied from well?	_____	_____
Has application been made to MTUD?	_____	_____
Has Application been Approved?_____ Denied?_____		
_____ / _____ / _____		
mo. day yr.		

Comments: _____

	Yes	No
2) Sewerage		
Will this application require new sewerage lines in street?	_____	_____
Will this application require expansion of existing lines?	_____	_____
Will this application require a septic system?	_____	_____
Has application been made to the MTUD?	_____	_____
Has Application been Approved?_____ Denied?_____		
_____ / _____ / _____		
mo. day yr.		

Comments: _____

3) Gas

Natural Gas_____	Existing_____	Above Ground_____
Propane_____	Proposed_____	Below Ground_____

Comments: _____

4) Electric

Existing_____	Above Ground_____
Proposed_____	Below Ground_____

Comments: _____

G. Deed Restrictions or Covenants:

No_____ Yes_____ (Attach copy if Yes)

H. Arguments for Variance:

Undue Hardship Argument: _____

Flexible "C" Variance Argument: _____

Negative Criteria: _____

Special Reasons & Negative Criteria: (To be completed for "D" variance)

I. List of Maps, Reports, and Other Material Accompanying Application:

	No.	Description of Item	Date
1)			
2)			
3)			
4)			
5)			
6)			

J. List of Applicant's Witnesses:

A T T O R N E Y	Name	Telephone
	Street Address	Fax Email
	City, State	Zip Code

E N G I N E E R	Name	Telephone
	Street Address	Fax Email
	City, State	Zip Code

P L A N N E R	Name	Telephone
	Street Address	Fax Email
	City, State	Zip Code

A R C H I T E C T	Name	Telephone
	Street Address	Fax Email
	City, State	Zip Code

K. Affidavit of Application:

State of New Jersey :
 : SS
County of _____:

_____ of full age, being
dully sworn according to law, on oath deposes and says, that all of the above
statements contained in the papers submitted herewith are true.

Sworn and Subscribed to:
before me this _____ day:
of _____, 20__:

(Notary Public) (Applicant to sign here)

L. Affidavit of Ownership:

State of New Jersey :
 : SS
County of _____:

_____ of full age, being
dully sworn according to law, on oath deposes and says, that the deponent resides
at _____ in the Town of _____

_____ in the County of _____

and the State of _____ that _____

_____ is the owner in fee of all that certain lot,
piece of land situated, lying, and being in the municipality aforesaid, and known and
designated as Number _____.

Sworn and Subscribed to:
before me this _____ day:
of _____, 20__:

Notary Public (Owner to sign here)

M. Authorization by Owner:

(If anyone other than the above owner is making this application, the following
authorization must be executed.)

To the Approving Board of the Township of Monroe:

_____ is hereby authorized to make
the within application.

Dated: _____
Dated: _____
Dated: _____

Disclosure Statement:

Pursuant to N.J.S.A. 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.A. 40:55D-48.2, that disclosure requirement applies to any corporation or partnership which owns more the 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding 10% ownership criterion have been disclosed.

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Failure to disclose percent of interest in corporation will result in the application being deemed incomplete.