

APPLICATION FOR DEVELOPMENT (appendix 1)

[] Planning Board

[] Zoning Board

1. PROPERTY INFORMATION

Address: _____ ZONE: _____

Tax Map Number: _____ Block: _____ Lot: _____

Present use: _____

Has there been any previous application involving these premises by the applicant or any prior owner of the property
() Yes [attach copies] () No () Unknown [if unsure file OPRA with the Clerk's Office]

If yes, nature of application, date and determination: _____

Does the applicant own adjacent Property () Yes () No If yes, address of property: _____

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

() Yes [attach copies] () No () Proposed

**** Is the property in the Historic District? () Yes () No If yes the application will need to be reviewed by the Historic Preservation Commission prior to being heard by the Board.**

2. APPLICANT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Applicant is a(n): () Individual () Partnership () Corporation

CONTACT FOR APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

3. DISCLOSURE STATEMENT

Pursuant to N.J.S.A. 40:55D-48.1, the names and addresses of persons owning 10% of the stock in a corporate application of 10% interest in any partnership application must be disclosed. In accordance with N.J.S.A. 40:55D-48.2 that disclosure requirement applies to any corporation of partnership which owns more than 10% interest in the applicant followed up in the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% of ownership criterion have been disclosed. (Attach pages as necessary to comply)

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

APPLICATION FOR DEVELOPMENT continued

4. OWNER'S INFORMATION

If the Owner is other than the applicant, provide the following information:

Owner's Name: _____

Address: _____ Phone # _____

5. APPLICANT'S ATTORNEY (Corporations must be represented by an attorney)

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

6. APPLICANT'S ENGINEER

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

7. APPLICANT'S ARCHITECT

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

NATURE OF THE APPLICATION (check all applicable items)

- | | |
|--|---|
| <input type="checkbox"/> Conceptual subdivision plan | <input type="checkbox"/> Zone change |
| <input type="checkbox"/> Minor subdivision | <input type="checkbox"/> Conceptual site plan |
| <input type="checkbox"/> Major subdivision, preliminary | <input type="checkbox"/> Site plan, approval, preliminary residential |
| <input type="checkbox"/> Major subdivision, final | <input type="checkbox"/> Site plan, approval, preliminary non-residential |
| <input type="checkbox"/> Amendment to approved plat | <input type="checkbox"/> Site plan approval, final |
| <input type="checkbox"/> Lot line adjustment | <input type="checkbox"/> Amendments to approved site plans |
| <input type="checkbox"/> Conditional use | <input type="checkbox"/> Change of permitted use with waiver of site plan |
| <input type="checkbox"/> Use variance | <input type="checkbox"/> Wireless telecommunications application |
| <input type="checkbox"/> Variance, residential fence or deck | <input type="checkbox"/> Appeal from administrative decision |
| <input type="checkbox"/> Variance, other residential | <input type="checkbox"/> Interpretation of zoning ordinance |
| <input type="checkbox"/> Variance other (non-residential) | |

9. BRIEF DESCRIPTION OF PROJECT: Indicate type of improvement, alteration, structure, or use proposed; describe all structures, improvements, and uses now on the property. For any non-residential, business, or commercial use provide hours of operation, number of employees. Number of parking spaces, intention to sell or rent, and another information important for consideration:

10. DOES THE APPLICANT COMPLY WITH ALL REQUIREMENTS OF THE ZONE: If not, state violation, article, section and variance requested and state principal points on which the variance request is made. Use a separate sheet if necessary. Attach any letter or document from the Zoning Official or any other office of the Borough of Chatham which has been issued to you regarding this property.

11. LIST ANY OTHER LICENSES, PERMITS OR OTHER APPROVALS REQUIRED BY MUNICIPAL, COUNTY, STATE OR FEDERAL LAW AND THE STATUS OF EACH.

I hereby affirm that all of the above and statements contained in the papers submitted herewith are true.

Signature of the Applicant: _____ **Date:** _____

IF THE APPLICATION IS SUBMITTED BY ANYONE OTHER THAN THE OWNER, THE OWNER MUST EXECUTE THE CONSENT FORM. (appendix 1A)