

QUINTON TOWNSHIP PLANNING BOARD

Please take note of the below listed information. This information is also spelled out in the complete Application that you have received.

Please be advised that:

Applicant is responsible to pay the fees for the professional consultants (Planner, Engineer, Attorney and any other consultant retained by the Board) for review of the development application [outlined in the Fees section at paragraph (3)]. Applicant is required to provide a complete Application package to the Solicitor, Engineer and Planner at the same time the originals are to be delivered to the Secretary for the Board Members. Applicant is also required to supply a copy of any Site Plan being submitted to the attention of the Fire Chief, Quinton Township Fire Company, P. O. Box 8, Quinton, NJ 08072 at the same time the application is submitted.

Application Fees and the Escrows are to be submitted in separate checks made payable to: "Quinton Township".

All engineer drawings/site plans are required to be submitted as "full size" drawing pdfs, sent electronically and/or 3 DVDs, in addition to the full size drawings required by the Planning Board.

The address and location of the office for the Planning Board is:

10 Cottage Avenue, P. O. Box 227, Quinton, New Jersey 08072

Phone number is: 856.935.8404

Cell number is: 856.362.0753

Overnight deliveries - Municipal Building, 885 Salem-Quinton Road, Quinton, New Jersey 08072 (with an email notification to qntwpplanbd@comcast.net regarding the application delivery)

Hours: by appointment only

Meetings will still be held at the Quinton Township Municipal Building located at 885 Salem-Quinton Road, Quinton, NJ

**QUINTON TOWNSHIP PLANNING BOARD
APPLICATION COVER SHEET
(to be completed for all applications and appeals)**

1. Applicant Name(s): _____
2. Applicant Address: _____
3. Applicant Telephone No.: _____
4. Applicant Email: _____
5. Owner name(s) (if other than Applicant): _____
6. Owner Address: _____
7. Type of Application: _____
8. Property Address/Location: _____
9. Property Tax Map Block(s) and Lot(s): _____
10. Zoning District: _____
11. Present Use of Property: _____
12. Proposed Use of Property: _____
13. Amount of Fees Paid: _____
14. Amount of Escrow Deposited: _____

APPLICANT: the undersigned hereby confirms that (1) all information provided with this application is true, complete and correct; and (2) each applicant understands and will comply with the requirements of the Quinton Township Land Development Ordinance, including but not limited to the applicant's ongoing obligations to replenish review escrows upon request, and to reimburse the Township for all professional review fees and costs relating to the application.

Name:

Name:

OWNER (if other than applicant): The undersigned hereby confirms that (1) the person(s) or entity(ies) named in line 5, above, are the only owner(s) of the property; (2) the applicant has entered into a written agreement with the owner(s) to purchase, lease, or otherwise use or occupy the property; (3) a true and complete copy of that agreement is attached to this application (with or without prices deleted); and (4) the owner has reviewed and consents to this application.

Name:

Name:

PLANNING BOARD APPLICATION FORM

TOWNSHIP OF QUINTON
PLANNING BOARD OFFICE
10 COTTAGE AVENUE, P. O. BOX 227
QUINTON, NEW JERSEY 08072

OVERNIGHT DELIVERIES: MUNICIPAL BUILDING 885 SALEM-QUINTON ROAD, QUINTON, NJ 08072
(with an email to qtntwpplanbd@comcast.net advising of application delivery)
856.935.8404/856.362.0753

The application, with supporting documentation, must be filed with the Office of the Planning Board Secretary, and also delivered to the solicitor, engineer and planner, for review at least (10) business days prior to the meeting at which time the application is to be considered. Site Plans must be delivered to the attention of the Fire Chief, Quinton Township Fire Department, P. O. Box 8, Quinton, NJ 08072 simultaneously with the filing of the Application.

1. SUBJECT PROPERTY

Location: _____
Tax Map Page _____ Block _____ Lot(s) _____
 Page _____ Block _____ Lot(s) _____
Dimensions Frontage _____ Depth _____ Total Area _____
Zoning District _____

2. APPLICANT

Name: _____
Address: _____
Telephone Number: _____
Email Address: _____

Applicant is a Corporation ☐ Partnership ☐ Individual ☐

3. 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. 40:55D48.2 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 _____
Name _____	Address _____	Interest _____
Name _____	Address _____	Interest _____

4. If Owner is other than the applicant, provide the following information as to the Owner(s):

Owner's Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

5. PROPERTY INFORMATION:

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

Yes [attach copies] _____ No _____ Proposed _____

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.

Present use of the premises: _____

6. APPLICANT'S ATTORNEY: _____

Address: _____

Telephone Number: _____

FAX Number: _____

Email Address: _____

7. APPLICANT'S ENGINEER: _____

Address: _____

Telephone Number: _____

FAX Number: _____

Email Address: _____

8. APPLICANT'S PLANNING CONSULTANT: _____

Address: _____

Telephone Number: _____

FAX Number: _____

Email Address: _____

9. APPLICANT'S TRAFFIC ENGINEER: _____

Address: _____

Telephone Number: _____

FAX Number: _____

Email Address: _____

10. List any other Expert who will submit a report or who will testify for the Applicant:
[Attach additional sheets as may be necessary]

Name: _____
Field of Expertise: _____
Address: _____
Telephone Number: _____
FAX Number: _____
Email Address: _____

11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

SUBDIVISION:

_____ Minor Subdivision Approval
_____ Subdivision Approval [Preliminary]
_____ Subdivision Approval [Final]
Number of lots to be created _____ Number of proposed dwelling units _____
(including remainder lot) (if applicable)

SITE PLAN:

_____ Minor Site Plan Approval
_____ Preliminary Site Plan Approval [Phases (if applicable) _____]
_____ Final Site Plan Approval [Phases (if applicable) _____]
_____ Amendment or Revision to an Approved Site Plan
Area to be disturbed (square feet) _____
Total number of proposed dwelling units _____
_____ Request for Waiver From Site Plan Review and Approval
Reason for request _____

OTHER RELIEF

_____ Informal Review
_____ Appeal decision of an Administrative Officer [N.J.S.A. 40:55D70a]
_____ Map or Ordinance Interpretation of Special Question [N.J.S.A. 40:55D-70b]
_____ Variance Relief (hardship) [N.J.S.A. 40:55D-70c(1)]
_____ Variance Relief (substantial benefit) [N.J.S.A. 40:55D-70c(2)]
_____ Variance Relief (use) [N.J.S.A. 40:55D-70d]
_____ Conditional Use Approval [N.J.S.A. 40:55D-67]
_____ Direct issuance of a permit for a structure in bed or a mapped street, public drainage way, or flood control basin [N.J.S.A. 40:55D-34]
_____ Direct issuance of a permit for a lot lacking street frontage [N.J.S.A. 40:55D-35]

12. Section(s) of Ordinance from which a variance is requested: _____

13. Waivers Requested of Development Standards and/or Submission Requirements:
[attach additional 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. **The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Board Secretary for the hearing.** An affidavit of service on all property owners and a proof of publication must be filed 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 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 as performance and maintenance guarantees? _____

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

	Yes	No	Date Plans Submitted
Salem County Health Department	_____	_____	_____
Salem County Planning Board	_____	_____	_____
Salem County Soil Conservation District	_____	_____	_____
NJ Department of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Development Permit	_____	_____	_____
Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
Potable Water Construction Permit	_____	_____	_____
Other	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Public Service Electric & Gas Company	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Certification from the Tax Collector that all taxes due on the subject property have been paid. _____

25. List of Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing).

Quantity	Description of Item
_____	_____
_____	_____
_____	_____

26. 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	Reports Requested
_____ Attorney	_____
_____ Engineer	_____
_____	_____
_____	_____

CERTIFICATIONS

27. 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

28. 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 the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.]

NOTARY PUBLIC

SIGNATURE OF OWNER

29. I understand that the sum of \$_____ has been deposited in an escrow account with the Township. In accordance with the Ordinances of the Township of Quinton, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

DATE

SIGNATURE OF APPLICANT