ZONING BOARD OF ADJUSTMENT APPLICATION FORM

TOWNSHIP OF HILLSIDE
Municipal Building
Liberty & Hillside Avenue
Hillside, New Jersey 07205
(973) 926-5100 (Phone)
(973) 282-3403 (Fax)

To be completed by Township staff only.

Date Filed _____ Application No. _____

Zoning Board of Adjustment _____ Application Fees _____
Escrow Deposit _____

Scheduled for: Review of Completeness _____ Hearing _____

_____

1. SUBJECT PROPERTY

Street Address: _____

Tax Map Page _____ Block _____ Lot(s) _____
Page _____ Block _____ Lot(s) _____

Dimensions Frontage _____ *Depth* _____ Total Area _____

Zoning District _____

2. APPLICANT

Name _____

Address _____

Telephone Number _____

Fax Number _____

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 stock in a corporate applicant or 10% 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's Name _____

Address _____

Telephone Number _____

Fax Number _____

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: _____

_____

_____

_____

6. Applicant's Attorney _____
Address _____
Telephone Number _____
FAX Number _____

7. Applicant's Engineer _____
Address _____
Telephone Number _____
FAX Number _____

8. Applicant's Planning Consultant _____
Address _____
Telephone Number _____
FAX Number _____

9. Applicant's Traffic Engineer _____
Address _____
Telephone Number _____
FAX Number _____

10. List any other Expert who will submit a report or who will testify for the Applicant:
Name _____
Field of Expertise _____
Address _____
Telephone Number _____
FAX Number _____

11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

SUBDIVISION:
_____ Minor Subdivision Approval
_____ Preliminary Subdivision Approval
_____ Final Subdivision Approval
_____ Amendment to or revision to an approved Subdivision Plan

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 to or Revision to an Approved Site Plan

Area to be disturbed (square feet) _____
Total number of proposed dwelling units _____
Total number of proposed parking spaces _____
_____ Request for Waiver From Site Plan Review and Approval

Reason for request: _____
_____

_____ Appeal decision of an Administrative Officer [N.J.S. 40:55D-70a]
_____ Map or Ordinance Interpretation of Special Question [N.J.S. 40:55D-70b]
_____ Variance Relief (hardship) [N.J.S. 40:D-70c(1)]
_____ Variance Relief (substantial benefit) [N.J.S. 40:55D-70c(2)]
_____ Variance Relief (use) [N.J.S. 40:55D-70d]
_____ Conditional Use Approval [N.J.S. 40:55D-67]
_____ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way, or flood control basin [N.J.S. 40:55D-34]
_____ Direct issuance of a permit for a lot lacking street frontage [N.J.S. 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 Administrative Officer 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. Has there been any previous appeals involving this property? If so state the date of filing, character of appeal, and disposition of same._____

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? If so, please describe._____

21. Is the subdivision to be filed by Deed or Plat? _____

22. What form of security does the applicant proposed to provide as performance and maintenance guarantees? _____

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

	Yes	No	Date Plans Submitted
Hillside Township Utilities Connection (Water & Sewer)	___	___	_____
Joint Meeting of Essex & Union Counties	___	___	_____
Union County Planning Board	___	___	_____
Somerset Union Soil Conservation District	___	___	_____
NJ Department of Environmental Protection	___	___	_____
Sewer Extension Permit (TWA)	___	___	_____
Stream Encroachment Permit	___	___	_____
Wetlands Permit	___	___	_____
Other	___	___	_____
NJ Department of Transportation	___	___	_____
NJDEP Site Remediation & Waste Management Program	___	___	_____
Other_____	___	___	_____

24. Certification from the Township Tax Collector that all taxes due on the subject property have been paid. (Attach Letter)

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

Quantity	Description of Item
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

26. 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 the general partner.

Sworn to and subscribed before me this
___ day of _____, 20___

_____ _____
NOTARY PUBLIC SIGNATURE OF APPLICANT

27. 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.

Sworn to and subscribed before me this
___ day of _____, 20___

_____ _____
NOTARY PUBLIC SIGNATURE OF OWNER

28. I understand that the sum of $_____ has been deposited in an escrow account. In accordance with the Ordinances of the Township of Hillside , 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. 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