

EAST AMWELL TOWNSHIP
PLANNING BOARD OFFICE
1070 ROUTE 202, RINGOES, NJ 08551
PHONE (908) 782-8536 • FAX (908) 782-1967
EMAIL: kparsons@eastamwelltownship.com

APPLICATION FOR DEVELOPMENT

FOR OFFICIAL USE ONLY

Date Filed: _____ Action Required by: _____

Fee Paid: Application: _____ Escrow _____ Map Filing Fee _____

Date Application Deemed Complete: _____ By: _____

=====

SECTION 1. GENERAL INFORMATION

A. Applicant: NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX #: _____
EMAIL ADDRESS: _____

B. The Applicant is: CORPORATION _____ PARTNERSHIP _____
INDIVIDUAL _____ OTHER _____

If the applicant is a corporation or partnership, please attach a list of names and addresses of persons having 10% or more interest in the corporation or partnership.

C. The relationship of the Applicant to the property in question is:

OWNER _____ LESSEE _____ PURCHASER UNDER CONTRACT _____

OTHER: _____

D. OWNER

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

E. PLANS PREPARED BY:

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

F. SURVEY PREPARED BY:

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

G. REPRESENTED BY ATTORNEY:

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

HG. PROFESSIONAL PLANNER:

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

I. ENGINEER

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

SECTION 2. TYPE OF APPLICATION (Check all applicable)

☐ Site Plan	☐ Major Subdivision	☐ Conditional Use
☐ Waiver	☐ Preliminary	☐ Bulk Variance
☐ Preliminary	☐ Final	☐ Use Variance
☐ Final		☐ Interpretation
	☐ Minor Subdivision	
	☐ Agricultural Division	

SECTION 3. INFORMATION REGARDING THE PROPERTY

A. Street Address of Property: _____

B. Location of Property is approximately _____ feet from the intersection of _____
_____ and _____

C. Block #: _____ Lot #: _____

D. Use of Property: Existing Use and Structures _____

Proposed Use: _____

E. The zone in which the property is located:

☐ Amwell Valley Agricultural	☐ Village of Ringoes	☐ Sourland Mountain
☐ Residential	☐ Highway/Office	☐ Local Business

Bulk Standards

	District Requirements	Existing	Proposed	Complies	Variance Required
Front Yard Setback	_____	_____	_____	☐	☐
Side Yard Setback	_____	_____	_____	☐	☐
Rear Yard Setback	_____	_____	_____	☐	☐
Lot Width (in feet)	_____	_____	_____	☐	☐
Lot Depth (in feet)	_____	_____	_____	☐	☐
Lot Area (in acres) (1 acre= 43,560 sq. ft.)	_____	_____	_____	☐	☐
Impervious Coverage	_____	_____	_____	☐	☐
Building Height	_____	_____	_____	☐	☐

* **NOTE:** See Chapter 92 of East Amwell's Code, available at the Municipal Building/Township website, for each district's requirements.

F. Is the property located in a historic district? _____ Yes _____ No

F. Net Acreage of entire tract: _____ Gross Acreage of entire tract: _____

G. Number of lots proposed (if applicable): _____

I. Is subject property located on a County Road? _____ Yes _____ No

Within 200 ft. of a Municipal Boundary? _____ Yes _____ No

Located on State Highway? _____ Yes _____ No

J. Description of Application: (attach narrative if necessary):

K. Are there any existing or proposed deed restrictions, easements, rights-of-way, or other dedication? _____ Yes _____ No (If yes, attached a copy)

L. Improvements: List all proposed on-site utility and off-tract improvements.

M. Plat Submission: List maps and other exhibits accompanying this application.

N. Proposal for Water Supply: _____

Proposal for Septic Disposal: _____

O. Has property been subject of any prior approvals/denials by Planning Board or Zoning Board of Adjustment (if yes, specify): _____ Yes _____ No

SECTION 4. INFORMATION REGARDING APPLICATION

A. Describe any use and/or bulk variances requested: (Please use separate sheet if needed.)

B. Design Waivers requested: (Please use separate sheet if needed.)

C. For Use Variance Applications: Supply a statement describing special reasons for the requested use variance (See 40:55D-70d). (Please use separate sheet if needed.)

D. For all Bulk Variance Applications: Supply a statement describing special reasons for the requested bulk variance (See 40:55D-70c). (Please use separate sheet if needed.)

SECTION 5. COMPLIANCE WITH GENERAL CHECKLIST

A. Applications shall be accompanied by all items and information as outlined in the Checklist specified for each land development application.

B. Please list requests for waivers of submission of documents and the reasons therefore:

SECTION 6. AUTHORIZATION AND VERIFICATION

I authorize the applicant to submit this application and proceed for approval:

Date: _____ Owner's Signature: _____

I certify the statements and information contained in this application are true:

Date: _____ Applicant's Signature: _____

IMPERVIOUS COVERAGE CALCULATION FORM

NAME: _____

ADDRESS: _____

BLOCK: _____ LOT: _____ ZONE: _____

1. FORMULA

SQUARE FOOTAGE OF LOT

(Multiply Length x Width of Lot)

_____ sq. ft.

TIMES- PERCENTAGE ALLOWED

(Contact Zoning Dept. for Percentage if Unknown)

x _____

TOTAL ALLOWED

_____ sq. ft.

2. EXISTING ON PROPERTY

FOOTPRINT AREA OF HOUSE (Include steps/landing)

+ _____

DRIVEWAY AREA (Including curbing)

+ _____

ACCESSORY STRUCTURE (If multiple, list each below)

+ _____

+ _____

+ _____

+ _____

WALKWAYS (Include pavers, exclude public sidewalk)

+ _____

PATIO (Include pavers)

+ _____

MISCELLANEOUS STRUCTURE(S)

+ _____

3. TOTAL EXISTING

= _____

4. PROPOSED NEW IMPROVEMENTS

Description

+ _____

Description

+ _____

5. TOTAL FOR LOT COMBINED

(Existing + Proposed Must Be Less Than Total Allowed)

= _____