



Borough of Mountainside

1385 Route 22 Mountainside NJ 07092

TEL: 908.232.2409 FAX: 908.232.6902

EMAIL: PlanningSec@mountainside-nj.com

Board of Adjustment

APPLICATION FOR LAND USE

DATE: _____

APPLICANT NAME: _____ TEL: _____

APPLICANT ADDRESS: _____

_____ ZIP: _____

APPLICANT EMAIL: _____

BUILDING OR LAND OWNER: _____ TEL: _____

OWNER ADDRESS: _____

_____ ZIP: _____

ADDRESS OF SITE FOR PROPOSED _____

BLOCK: _____ LOT: _____ ZONE _____

PRESENT USE OF PROPERTY (describe) _____

TYPE OF SERVICE OR PRODUCT (describe) _____

PLEASE CHECK THE PURPOSE(S) OF THE APPLICATION:

- ☐ Preliminary Site Plan
- ☐ Final Site Plan
- ☐ Preliminary Subdivision
- ☐ Final Subdivision
- ☐ Addition
- ☐ Change of Tenancy

- ☐ Sketch Plot
- ☐ Alterations/Renovations
- ☐ Repairs
- ☐ Sign
- ☐ Other (describe) _____

COMPLETE THE FOLLOWING (if applicable):

Number of Parking:

Existing _____ Proposed _____ Required by Ordinance _____

Allotted to Tenant for Change of Tenancy _____

Number of Proposed Employees _____

Square Footage of Building _____

Square Footage of Area to be Occupied _____

Square Footage of Lot _____

Hours of Operation _____

CERTIFICATIONS:

APPLICANT – I certify that the foregoing statements and the materials submitted are true. I further certify that I am:

_____ The individual applicant AND owner of the property.

_____ The individual applicant with permission to apply from the property owner.

_____ An Officer of the Corporate Applicant authorized to sign the application for the Corporation. *

_____ A General Partner of the Partnership Applicant authorized to sign the application for the Partnership.*

* (If the applicant is a corporation, an authorized corporate office MUST sign. If the applicant is a partnership, a general partner MUST sign.)

Sworn to and subscribed before me this

_____ day of _____, 20_____

NOTARY PUBLIC

APPLICANT

Stamp

Seal

PROPERTY OWNER – 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 decisions in the same manner as if I were the applicant. (If the applicant is a corporation, an authorized corporate office MUST sign. If the applicant is a partnership, a general partner MUST sign.)

Sworn to and subscribed before me this

_____ day of _____, 20_____

NOTARY PUBLIC

APPLICANT

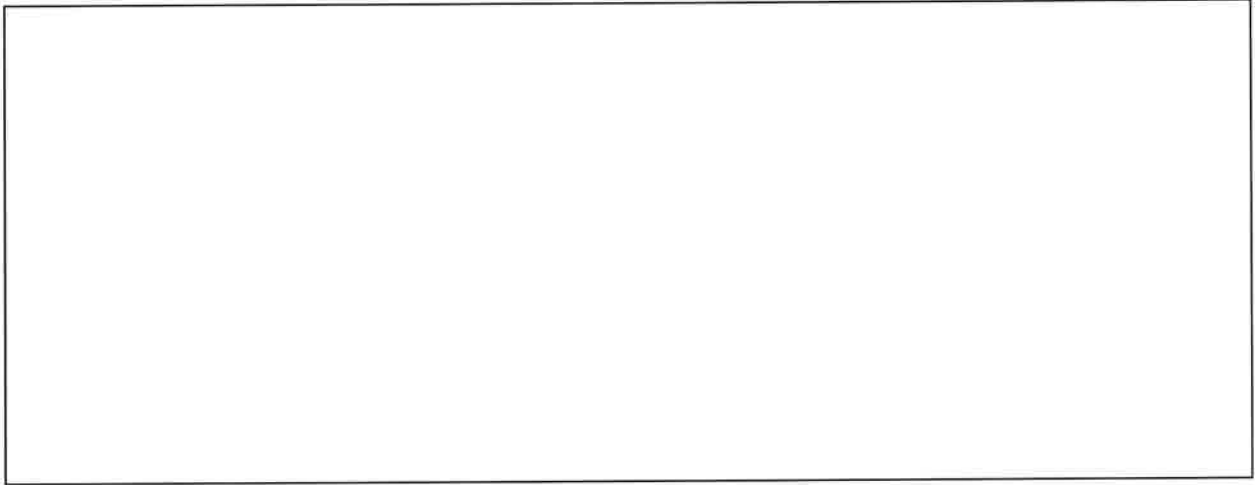
Stamp

Seal

Note: The law requires that the conditions set forth in the following three, Sections 1, 2, and 3, must be established before a variance can be granted. Answers to these sections **MUST** be completed in full.

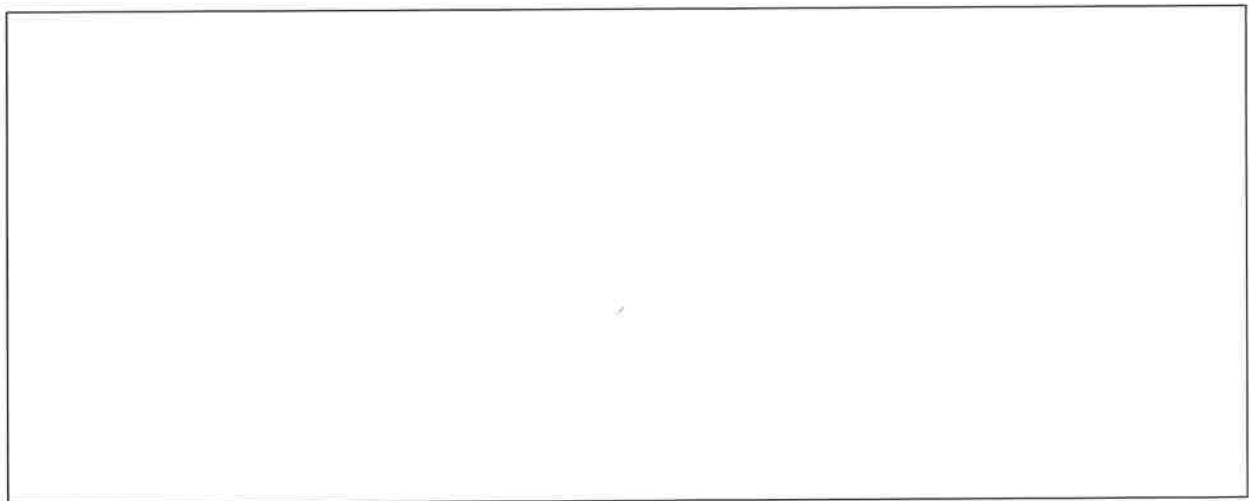
Explain in detail wherein your case conforms to the following requirements.

1. That the strict application of the provisions of the Zoning Ordinance would result in the practical difficulties or unnecessary hardships inconsistent with its general purpose and intent.



State fully wherein your case conforms to the following requirements.

2. That there are exceptional circumstances or conditions applicable to the property involved or to the intended use or development of the property that do not apply generally to other property in the same zone or neighborhood.



State wherein your case satisfies these requirements.

3. That the granting of a variance will not be materially detrimental to the public welfare or injuries to the property or improvements in such zone or neighborhood in which the property is located.

Note: The Board of Adjustment is required to make a written finding of facts from the showing applicant makes that the three above enumerated conditions exist and in addition thereto must find that the granting of such variance will not be contrary to the objectives of the Land Use Ordinance.

DESCRIPTION OF PROPOSED STRUCTURE OR USE:

PREMISES AFFECTED KNOWN AS _____

APPLICANT _____ ADDRESS _____

OWNER _____ ADDRESS _____

LESSEE _____ ADDRESS _____

ZONE ☐ RESIDENCE 1
 ☐ RESIDENCE 2
 ☐ RESIDENCE 3

☐ BUSINESS
☐ LIMITED INDUSTRIAL
☐ RESTRICTED COMMERCIAL
☐ OFFICE BUILDING

LAST PREVIOUS OCCUPANCY _____

SIZE OF LOT _____

SIZE OF BUILDING (INCLUDE EXISTING AND PROPOSED:

MAXIMUM LENGTH _____ MAXIMUM WIDTH _____

NO. OF STORIES _____ MAXIMUM HEIGHT ABOVE GRADE _____

PERCENTAGE OF LOT OCCUPIED BY BUILDINGS (EXISTING AND PROPOSED) _____%

SETBACK FROM FRONT PROPERTY LINE _____ FT

SETBACK FROM SIDE PROPERTY LINE (if corner lot) _____ FT

PREVAILING SETBACK OF ADJOINING BUILDINGS WITHIN BLOCK _____ FT

HAS THERE BEEN ANY PREVIOUS APPEAL INVOLVING THESE PREMISES? _____

IF SO, STATE CHARACTER OF APPEAL AND DATE OF DISPOSITION:

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CHECKLIST

1. _____ HAVE YOU ANSWERED IN FULL THE 3 SECTIONS ON PAGES 4 & 5?
2. _____ HAVE YOU FILLED IN ALL THE INFORMATION REQUIRED ON PAGES 5 & 6?
3. _____ HAVE AFFIDAVITS BEEN PROPERLY SIGNED AND NOTARIZED?
|
4. _____ HAVE YOU PROPERLY NOTIFIED ALL PROPERTY OWNERS WITHIN 200 FEET
AS
PROVIDED TO YOU?
5. _____ HAVE YOU PAID YOUR HEARING FEES?
6. _____ HAVE YOU PREPARED 15 COPIES OF THE PLANS AS APPROVED BY THE LAND
USE ADMINISTRATOR AND ANY OTHER MATERIALS IN SUPPORT OF YOUR CASE TO BE
PROVIDED TO THE MEMBERS OF THE BOARD?

NOTE: Original Applications and list of property owners must be returned to the Board Secretary



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MOUNTAINSIDE, NEW JERSEY 07092

www.mountainside-nj.com

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FAX (908) 232-6831

APPLICANT:

Property Owner: _____

Property Address: _____

Block / Lot: _____

TAX COLLECTOR:

CERTIFIED TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

_____ All Taxes are current and paid to date

_____ Property taxes are delinquent

Comments:

Sealed

Date

STATEMENT OF OWNERSHIP
FORM FOR CORPORATIONS AND PARTNERSHIPS
CHAPTER 336, LAWS OF 1977

An Act requiring corporations and partnerships applying for certain subdivisions and variances to disclose all owners of 10 percent or more of their stock, or in the case of a partnership, owning a 10 percent or greater interest therein, and providing penalties for the violation thereof.

Be in enacted by the Senate and General Assembly of
the State of New Jersey.

1. A corporation or partnership applying to a Planning Board or a Board of Adjustment or to the Governing Body of a municipality for permission to subdivide a parcel of land into six or more lots, or applying for a variance to construct a multiple dwelling of 25 or more family units or for approval of a site to be used for commercial purposes, shall list the names and addresses of all stockholders or individual partners owning at least 10 percent of its stock of any class or at least 10 percent of the interest in the partnership, as the case may be.
2. If a corporation or partnership owns 10 percent or more of the stock of a corporation, or 10 percent or greater interest in a partnership, subject to disclose pursuant to Section 1 of the Act, that corporation or partnership shall list the names and addresses of its stockholders holding 10 percent or more of its stock or of 10 percent or greater interest in the partnership as the case may be, and this requirement shall be followed by every corporate stockholder or partner in a partnership until the names and addresses of the noncorporate stockholders and individual partners, exceeding the 10 percent ownership criterion established in this Act, have been listed.
3. No Planning Board, Board of Adjustment or Municipal Governing Body shall approve the application of corporation or partnership which does not comply with the Act.
4. Any corporation or partnership which conceals the names of the stockholders owning 10 percent or more of its stock or the individual partners owning a 10 percent or greater interest in the partnership, as the case may be, shall be subject to a fine of \$1,000.00 to \$10,000.00, which shall be recovered in the name of the municipality in any court of record in the State, in a summary manner pursuant to the "Penalty Enforcement Law" (N.J.S. 2A:58-1 et seq.).

5. This Act shall take effect immediately:

NAME AND ADDRESS	NUMBER OF SHARES	PERCENTAGE OF STOCK OR PARTNERSHIPS
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If one or more of the above stockholders or partners is in itself a corporation or partnership, then the names and addresses of the stockholders or partners owning at least 10 percent or more of the latter corporation or partnership must likewise be listed.

CORPORATIONS MUST BE REPRESENTED BY AN ATTORNEY

AccuTrack Account holder: please fill in this top section before giving to your client for completion.

AccuTrack Account Number: _____ Master Account Name: _____

Client Account Number: _____

Form **W-9**
(Rev. April 1990)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give this form
to the requester. Do
NOT send to IRS.

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions under "Name" if your name has changed.)																																														
	Address (number and street)	List account number(s) here (optional)																																													
	City, state, and ZIP code																																														
Part I Taxpayer Identification Number (TIN)		Part II For Payees Exempt From Backup Withholding (See Instructions)																																													
Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see <i>How To Obtain a TIN</i> , below. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.																																															
<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="9" style="text-align: center;">OR</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		Social security number																		OR									Employer identification number																		Requester's name and address (optional)
Social security number																																															
OR																																															
Employer identification number																																															

Certification.—Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see *Signing the Certification under Specific Instructions*, on page 2.)

Please
Sign
Here

Signature ►

Date ►

Instructions

(Section references are to the Internal Revenue Code.)

Purpose of Form.—A person who is required to file an information return with IRS must obtain your correct taxpayer identification number (TIN) to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an individual retirement arrangement (IRA). Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN), and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to the 20% backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

How To Obtain a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue Service office.

To complete Form W-9 if you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the

requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

Note: Writing "Applied For" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester. **What Is Backup Withholding?**—Persons making certain payments to you are required to withhold and pay to IRS 20% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- (1) You do not furnish your TIN to the requester, or

(2) IRS notifies the requester that you furnished an incorrect TIN, or

(3) You are notified by IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or

(4) You fail to certify to the requester that you are not subject to backup withholding under (3) above (for reportable interest and dividend accounts opened after 1983, or broker accounts considered inactive in 1983).

(5) You fail to certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in (5) above, other reportable payments are subject to backup withholding only if (1) or (2) above applies.

Certain payees and payments are exempt from backup withholding and information reporting. See *Payees and Payments Exempt From Backup Withholding*, below, and *Exempt Payees and Payments under Specific Instructions*, on page 2, if you are an exempt payee.

Payees and Payments Exempt From Backup Withholding.—The following is a list of payees exempt from backup withholding and for which no information reporting is required. For interest and dividends, all listed payees are exempt except item (9). For broker transactions, payees listed in (1) through (13) and a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker are exempt. Payments subject to reporting under sections 6041 and 6041A are generally exempt from backup withholding only if made to payees described in items (1) through (7), except that a corporation that provides medical and health care services or bills and collects payments for such services is



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Please be advised that additional escrow monies may be required in addition to my initial escrow deposit to cover attorney and/or engineering charges.

I understand that I am responsible for payment of these additional fees if they should exceed my escrow deposit and I will receive a written request for these monies due. Payment is due to the Borough within 30 days of written request.

I also understand whether or not my application is approved, these fees are still due. Failure to pay these fees may result in non issuance of certificate of approval or occupancy and/or possible legal action by the borough.

Signature of Applicant

Date

Address of Property

REQUEST FOR 200' RADIUS LIST OF CERTIFIED PROPERTY OWNERS
(SUBMIT COMPLETED FORM WITH \$10 CHECK)

Mail or deliver this request to:

Borough of Mountainside
1385 Route 22
Mountainside, NJ 07092

DATE _____

BLOCK _____ LOT _____

PROPERTY LOCATION _____

APPLICANT _____

TELEPHONE# _____

METHOD OF RECEIPT:

☐ I WILL PICK UP

☐ PLEASE MAIL* TO:

**Certified copies must be mailed. A courtesy copy can be sent via email, if an email address is provided.*

METHOD OF PAYMENT:

Check should be made payable to "BOROUGH OF MOUNTAINSIDE"

CHECK # _____

CASH \$ _____