

BOROUGH OF MIDLAND PARK

FOR OFFICE USE:

Dated Filed: _____ Completeness Review Date: _____

Notified Incomplete: _____ Deemed Complete: _____

Jurisdiction: Planning Board _____ Board of Adjustment _____

APPLICATION FOR DEVELOPMENT

SECTION I TYPE OF APPLICATION

_____ Preliminary Site Plan	_____ Appeal from Administrative Determination
_____ Final Site Plan	_____ Interpretation of Map or Ordinance
_____ Preliminary Major Subdivision	_____ Bulk Variance
_____ Final Major Subdivision	_____ Use Variance
_____ Amendment to Site Plan Approval	_____ Conditional Use Approval
_____ Waiver	_____ Exception

SECTION II APPLICANT INFORMATION

see Addendum A to comply with N.J.S.A. 40:55D-48.1

NAME OF APPLICANT _____

ADDRESS _____

PHONE # _____ EMAIL _____

NAME OF OWNER _____

ADDRESS _____

IF OWNER IS A CORPORATION: _____

PRESIDENT _____ SECRETARY _____

(UNLESS OTHERWISE NOTED, ALL CORRESPONDENCE WILL BE ADDRESSED TO APPLICANT)

INTEREST OF APPLICANT IN PROPERTY (IF NOT OWNER) _____

AUTHORIZED REPRESENTATIVE OF APPLICANT

NAME _____

ADDRESS _____

PHONE NO. _____ EMAIL _____

ATTORNEY FOR APPLICANT

NAME _____

ADDRESS _____

PHONE NO. _____ EMAIL _____

ENGINEER FOR APPLICANT

NAME _____

ADDRESS _____

PHONE NO. _____ EMAIL _____

ARCHITECT FOR APPLICANT

NAME _____

ADDRESS _____

PHONE NO. _____ EMAIL _____

SECTION III PROPERTY INFORMATION

ADDRESS _____
BLOCK _____ LOT _____ ZONE DISTRICT _____

SIZE OF PROPERTY
SQ. FT. _____ WIDTH _____ DEPTH _____

EXISTING CONDITIONS
USE OF PROPERTY _____

BUILDINGS
SQ. FT.: TOTAL: _____ BY FLOOR: 1. _____ 2. _____ 3. _____

SETBACKS: FRONT: _____ REAR: _____
SIDE 1 _____ SIDE 2 _____

HEIGHT: # of Feet _____ # of Stories _____

PROPOSED CONDITIONS
USE OF PROPERTY _____

NEW BUILDING _____ ADDITION TO EXISTING _____
SQ. FT.: TOTAL _____ BY FLOOR: 1. _____ 2. _____ 3. _____

SETBACKS: FRONT: _____ REAR: _____
SIDE 1 _____ SIDE 2 _____

HEIGHT: # of Feet _____ # of Stories _____

SECTION IV GENERAL

- A. EXPLAIN IN DETAIL THE EXACT NATURE OF THE APPLICATION AND THE CHANGES TO BE MADE TO THE PROPERTY (ATTACH ADDITIONAL PAGES IF NECESSARY).

- B. DOES THE APPLICANT OR OWNER OWN ANY CONTINGENT PROPERTY? _____
IF YES: ADDRESS _____ BLOCK _____ LOT _____
DESCRIBE USE: _____
- C. ARE THERE ANY EXISTING COVENANTS, DEED RESTRICTIONS, EASEMENTS, OR EXCEPTIONS THAT ARE IN EFFECT?
DESCRIBE: _____
IF YES, PROVIDE A COPY OF EACH _____
- D. IS PROPERTY LOCATED IN FLOOD HAZZARD OR FLOOD PLAIN? _____
- E. DO PREMISES FRONT ON APPROVED STREET? _____ NAME: _____
- F. DO PREMISES REQUIRE EXTENSION OF MUNICIPAL FACILITIES? _____
IF YES, DESCRIBE _____
- G. HAS THEIR BEEN A PREVIOUS APPLICATION INVOLVING THIS PROPERTY? _____
IFYES, SET FORTH DATE, DESCRIPTION AND RESOLUTION _____
- H. ARE ANY OFF-TRACT IMPROVEMENTS REQUIRED OR PROPOSED? _____
- I. ARE ANY LOW-INCOME HOUSING UNITS PROPOSED? ____ YES ____ NO
- J. IS A DEVELOPMENT FEE REQUIRED? ____ YES ____ NO

SECTION V VARIANCES, WAIVERS OR EXCEPTIONS

- A. ARE ANY VARIANCES REQUESTED AS PART OF THIS APPLICATION? _____
IF YES, LIST SECTION NO. OF ZONING ORDINANCE AND DESCRIPTION:

<u>SECTION</u>	<u>DESCRIPTION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

USE ADDITIONAL SHEETS IF NECESSARY

- B. ARE THERE ANY WAIVERS FROM THE SUBMISSION REQUIREMENTS REQUESTED? _____
IF YES, LIST SECTION NO. OF ORDINANCE AND DESCRIPTION:

<u>SECTION</u>	<u>DESCRIPTION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(THE PLANNING BOARD MUST APPROVE SUCH WAIVERS AS A CONDITION TO THE APPLICATION BEING DEEMED COMPLETE)

- C. ARE THERE ANY EXCEPTIONS FROM THE DESIGN STANDARDS REQUESTED? _____
IF YES, LIST SECTION AND DESCRIPTION:

<u>SECTION</u>	<u>DESCRIPTION</u>
_____	_____
_____	_____
_____	_____
_____	_____

SECTION VI PLANS / DRAWINGS/REPORTS

LIST ALL PLANS SUBMITTED WITH THIS APPLICATION

TITLE	PREPARED BY	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL REPORTS SUBMITTED WITH THIS APPLICATION

TITLE	PREPARED BY	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY DEPOSE AND SAY THAT ALL THE FOREGOING STATEMENTS AND INFORMATION CONTAINED IN ANY PAPERS SUBMITTED HERewith ARE TRUE AND CORRECT.

Applicant

DATE: _____

SWORN AND SUBSCRIBE ON THIS
_____ DAY OF _____, 20

NOTARY

AFFIDAVIT OF OWNERSHIP
(TO BE COMPLETED IF APPLICANT IS NOT OWNER)

STATE OF NEW JERSEY)
)
COUNTY OF BERGEN)

_____ of full age, having been sworn according to law on _____
deposes and says that _____ resides at _____
in the City of _____, in the County of _____ and the State of _____,
that is the owner-in-fee of all that certain lot, piece or parcel of land situated, lying and being in
the Borough of Midland Park aforesaid, and known and designated as Number _____ and Street _____
_____ hereby authorizes _____ to make the within application in
_____ behalf, and that the statements contained herein are true and correct.

OWNER'S SIGNATURE

Dated: _____

SWORN & SUBSCRIBE ON THIS _____
DAY OF _____, 20 .

NOTARY

BOROUGH OF MIDLAND PARK

DISCLOSURE STATEMENT- APPENDIX A

NAME OF APPLICANT: _____

APPLICANT IS A CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY

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, PARTNERSHIP APPLICANT, OR LIMITED LIABILITY COMPANY APPLICANT MUST BE DISCLOSED. LIST NAMES, ADDRESSES AND INTEREST HERE.

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

PURSUANT TO N.J.S.A. 40:55D-48.2, IN THE EVENT THAT ANY OF THE ABOVE IS/ARE A CORPORATION, PARTNERSHIP OF LIMITED LIABILITY COMPANY, THE NAMES AND ADDRESSES OF PERSONS OWNING MORE THAN 10% OF THAT ENTITY MUST BE LISTED BELOW.

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____