PLEASE NOTE the Waldwick Planning Board/Zoning Board will never ask for electronic fund transfers for any application. All payment must be submitted by check made payable to the Borough of Waldwick.

BOROUGH OF WALDWICK
APPLICATION CHECKLIST

MINOR AND MAJOR SUBDIVISION

APPLICANT'S NAME_____ **TELEPHONE** _____
Applicant's Address _____
Site Address _____
Block _____ **Lot** _____ **Zone** _____
Applicant's Attorney's Name _____
Applicant' Attorney's Address _____

The following documents, stapled and folded, should be submitted to the **Borough Clerk** with Fees:
Original and twenty copies of the Following:

_____ **Application Forms A-K**
_____ Plans
_____ Property Owners Listing (obtained from Borough Tax Office)
_____ Soil Removal Application if deemed necessary by Zoning Official

FEES:

_____ **Application Fee: SUBDIVISION FEES– Section 86-10:**
_____ $200.00 per lot – Minor Subdivision
_____ $ 25.00 per lot ($100.00 minimum) - Major Subdivision
_____ $300.00 plus $50.00 per lot – Preliminary Subdivision
_____ $300.00 – Final Major Subdivision

_____ **ENGINEERING ESCROW**
____ $1,000.00 – Minor Subdivision
____ $4,000.00 – Major Subdivision

_____ **LEGAL ESCROW:**
____ $ 500.00 - Minor Subdivision
____ $1,250.00 – Major Subdivision

_____ **PLANNER ESCROW:**
____ $ 500.00 – Minor Subdivision Review
____ $2,000.00 – Major Subdivision Review
Please note that additional escrow fees may be required during the application process as determined by the professional.

Upon receipt by the Planning Board of the above documents and fees submitted to the Municipal Clerk, a hearing date will be scheduled. **After a hearing date is scheduled and notices are sent out, the following documents must also be submitted prior to or at the time of the hearing:**

_____ **One copy of Notice of Public Hearing**
_____ **One copy of Affidavit of Service with List of Property Owners attached**
_____ **Registered receipts**
_____ **One copy of Affidavit of Publication (received from newspaper)**

(This form is to be filled out and brought to the Tax Assessor's Office by the Applicant to obtain a property owner's listing of residents within 200 feet. **Please Note that there is a 7 – 10 day waiting period after receipt of written request.)**

REQUEST FOR LIST OF PROPERTY OWNERS WITHIN 200 FEET
(There is a 7-10 day waiting period after receipt of written request.)

Date: _____

To: Tax Assessor
Borough of Waldwick
63 Franklin Turnpike
Waldwick, NJ 07463

Re: Request for List of Property Owners within 200 feet in connection with the preparation Of Application to the Zoning or Planning Board in the Borough of Waldwick

Requested by:_____

For Block _____ Lot _____

Address_____

Indicate One: _____ Please mail completed list to:

_____

_____

_____

_____ I will pick up list. Please call:

_____
(Phone)

(A **Fee of $10.00 must be paid at the time of request**. Check to be made payable to Borough of Waldwick and given to Tax Assessor with this form.)

Paid:_____

(Applicant, please note: A list of property owners within 200 feet of the property in question must be attached to the Affidavit of Proof of Service. If surrounding Boroughs are affected attach that list as well.)

Form A

BOROUGH OF WALDWICK
APPLICATION FORM

MAJOR/MINOR SUBDIVISION

Completed by Planning Board:
Application No. _____
Date Received by Planning Board _____
Hearing Date: _____

COMPLETED BY APPLICANT:

Name of Applicant: _____

Address of Applicant: _____ **Telephone:** _____

Applicant's Attorney's Name: _____ **Telephone:** _____

Address of Premises _____

Name of Owner of Premises: _____

Block _____ **Lot** _____ **Zone** _____

1. **APPLICANT** applies to the Waldwick Planning/Zoning Board for:

(Describe proposal) _____
_____
_____
_____
_____

2. **Variances required:**

Code Requires:	Proposed:

3. The **reasons** which justify the granting of the variances:

_____
_____
_____
_____
_____
_____

4. Have the premises which are the subject of this application been the subject of **Waldwick Zoning or Planning Board action?** _____**yes** _____**no.**
(If yes, please attach a copy of the Planning or Zoning Board resolution to this application.)

5. **Authorization by Owner:**

_____is hereby authorized to file this application with the Waldwick Planning Board.

Owner:_____ **Date:**_____

6. **Certification by Applicant:**

The undersigned applicant does hereby certify that all of the statements contained in this application are true, and that all taxes on the property which is the subject of this application have been paid.

Applicant:_____ **Date:** _____

7. The final plat, after final approval by the Planning Board shall be filed by the subdivider with the Clerk of the County of Bergen within ninety days from the date of such approval. If any final plat is not filed within this period, the approval shall expire.

Form B

(This certificate is to be brought to the Tax Office by the Applicant for Certification.)

BOROUGH OF WALDWICK
PLANNING BOARD
CERTIFICATION OF PAYMENT OF TAXES

(To be filled out by Applicant:)

Date:_____

Lot:_____

Block:_____

Name _____

Address:_____

This is to certify that all property taxes due or delinquent have been paid on the above property.

(To be dated and signed by Tax Office:)

_____ _____
Date Tax Collector

This completed form is to be included with your Application Submittal.

Form C

Borough of Waldwick
Bergen County, New Jersey

AFFIDAVIT OF OWNER'S CONSENT

STATE OF NEW JERSEY
COUNTY OF BERGEN

_____being duly sworn, deposes and says that (he, she, they) is (are) the owner(s) of the premises designated as Lot _____ in Block _____, also known as

_____
(address)

and does hereby consent to the application of _____
(name of Applicant)

to the Planning Board for an application for _____

_____

_____
Owner's Signature

Sworn and subscribed to before me this

_____day of _____20__

_____
Notary Public

Form D

(This Form is to be filled out and used by the Applicant for notifying surrounding property owners (including surrounding municipalities, if affected, and for publication by the Applicant in newspaper.)

BOROUGH OF WALDWICK
PLANNING BOARD

NOTICE OF PUBLIC HEARING

PLEASE TAKE NOTICE that an Application has been made to the Planning Board of the Borough of Waldwick for _____

with respect to premises shown as Lot _____ in Block _____ on the current tax map of the Borough of Waldwick, which premises are commonly known as

(address)_____ Waldwick, New Jersey.

Applicant proposes to:

Which proposal would be in violation of the provisions of the Waldwick Zoning Ordinance in the following respects:

A public hearing will be held on said application by the Planning Board of the Borough of Waldwick on Wednesday, (date)_____, 20____ at 8:00 p.m., prevailing time, or as soon thereafter as the matter may be reached, at the Administration Building, 63 Franklin Turnpike, Waldwick, New Jersey.

A copy of Applicant's Application and accompanying drawing is on file at the Administrative Offices of the Borough of Waldwick, 63 Franklin Turnpike, for public inspection during regular business hours.

Applicant's Name and Address:

_____

_____

Form E

(This form is to be filled out providing proof that the Notice of Public Hearing has been served on surrounding property owners.)

BOROUGH OF WALDWICK
AFFIDAVIT OF SERVICE

IN THE MATTER OF:

STATE OF NEW JERSEY
COUNTY OF BERGEN

(name)_____ BEING DULY SWORN DEPOSES AND SAYS:

I reside at _____

On or before the _____ day of_____20___, I served Upon each of the persons named in the attached list a written notice indicating variances requested, stating Application would be heard at the Administration Building, 63 Franklin Turnpike, Waldwick, N.J.

on _____20____, relating to premises

located at _____

The notice was served on the attached list of persons by certified return receipt requested mail, directed to them at the addresses set forth opposite their respective names, the said addresses being their last known addresses appearing on the most recent tax lists of the Borough. Copies of the registered receipts are attached.

No person other than those served, as set forth in the preceding paragraphs of this affidavit, is the owner of property within 200 feet of the premises affected by this application.

Subscribed and sworn to

before me this _____day

of _____, 20__

_____ (Notary)

_____ (Applicant)

Form F

BOROUGH OF WALDWICK
Bergen County, New Jersey

Fire Department's Report

(This portion to be completed by Applicant):

Applicant's Name: _____

Address: _____ Telephone _____

Site Location Address: _____

Block: _____ **Lot** _____ **Zone** _____

Comments by Fire Department:

Dated: _____
Fire Department

Form G

BOROUGH OF WALDWICK
Bergen County, New Jersey

Zoning Officer's Report

(This portion to be completed by Applicant):

Applicant's Name: _____

Address: _____ Telephone _____

Site Location Address: _____

Block: _____ **Lot** _____ **Zone** _____

Comments by Zoning Officer:

Dated:

_____
Zoning Officer

Form H

Borough of Waldwick
Bergen County, New Jersey

Traffic Report

(This portion to be completed by Applicant):

Applicant's Name: _____

Applicant's Address: _____ **Telephone:** _____

Site Location:

Address: _____

Block _____ **Lot** _____ **Zone** _____

_____

Comments by Police Department:

Dated: _____

_____
Traffic Division
Waldwick Police Department

Form I

Borough of Waldwick
Bergen County, New Jersey
PUBLIC WORKS AND WATER REPORT

(This portion to be filled out by Applicant):

Applicant's Name: _____

Applicant's Address: _____ **Telephone:** _____

Site Location: **Address:** _____

Block_____ **Lot** _____ **Zone:** _____

Water Requirements in gallons per day for proposal:_____
How was this number derived _____
Types of waste water generated: _____
Will fire sprinkler system be installed in any structure covered by this Application?
_____

Please note that a separate service must be put in for each unit. The Water Department will approve the service connections for each unit. All business properties must have service connection for sewer and water for each unit applied for. ***Please note that additional fees as required by the Water Department will be imposed for service connections.***
The Northwest Sewer Authority is to be noticed by the Applicant of your Application.

Comments by Public Works Department:

Dated: _____ _____
Department of Public Works

Comments by Water Department:

Dated: _____ _____
Water Department

Form J

Borough of Waldwick
Bergen County, New Jersey

Recycling Coordinator's Report
Environmental Survey/Stream Encroachment/Wetlands

(To Be filled out by Applicant)
Applicant's Name: _____

Applicant's Address: _____ Telephone _____

Site Location: Address _____

Block _____ **Lot** _____ **Zone** _____

Proposal:

_____

1. Will there be any hazardous or chemical substances used or stored on this site_____If yes, please specify:

_____

2. Indicate amounts, use, and storage method for each:

Substance	Amount	Use	Storage Method	Location

3. Proposed spill containment narrative:

_____

4. **Solid Waste Remover's Name:** _____

Address: _____
NJID# _____

Recycling Remover's Name: _____

Address: _____
NJID# _____
(Prior to final certificate of Occupancy, this must be on file with the Borough Recycling Coordinator)

5. List all other materials used, with locations (gases, solids and liquids)

6. List proposed environmental pollution containment equipment:

   Air: (exhaust, stacks): _____

   Water: (Sewer, land dump): _____

   Noise: _____

7. Is any area of the site within a designated wetlands area? _____

8. Is there a designated wetlands area within 150 ft. of the site? _____

9. Has the N.J.D.E.P. approved the wetlands designation? _____ If so, attach a copy of the approval.

10. Materials to be recycled and how they will be recycled:

Materials to be Recycled:	**Description of how materials will be recycled:**

11. Has an application been made for a stream encroachment permit? _____ If so, attach a copy of the application or, if the permit has been approved, attach a copy of the permit.

12. List any and all applications made for environmental permits: _____

_____

_____

Comments by Recycling Coordinator:

Dated: _____ _____

(signature) **Recycling Coordinator**

Form K

BOROUGH OF WALDWICK
Bergen County, New Jersey

Health Department's Report

(This portion to be completed by Applicant):

Applicant's Name: _____

Address: _____ Telephone _____

Site Location Address: _____

Block: _____ **Lot** _____ **Zone** _____

Comments by Health Department:

Dated:

_____
Health Department