CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURYPARK.COM

APPLICATION FOR □ INTERPRETATION □ APPEAL

Application #_____
Date Filed ___/___/___
Hearing Date ___/___/___

Planning Board_____ Zoning Board of Adjustment_____

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Property Location:_____Block:_____Lot(s):_____

1. APPLICANT INFORMATION:

   Name:_____

   Address:_____

   Phone # _____ Fax:_____

   Email:_____

2. ATTORNEY INFORMATION:

   Name:_____

   Address:_____

   Phone #:_____ Fax: _____

   Email:_____

3. ARCHITECT INFORMATION:

   Name:_____

   Address:_____

   Phone #:_____ Fax: _____

   Email:_____

4. ENGINEER INFORMATION:

   Name:_____

   Address:_____

   Phone #:_____ Fax: _____

   Email:_____

5. PRESENT OWNER (If not applicant)

   Name:_____

   Address:_____

   Phone #:_____ Fax: _____

   Email:_____

6. Interest of applicant, if other than owner:_____

7. Property is located in Zone_____ as per Asbury Park Land Development Ordinance.

8. Existing Use:_____

9. Variance is requested from the following Zoning Ordinance:

   Article_____ Section_____

10. Description of Variance, Interpretation or Appeal Requested:

    _____
    _____
    _____
    _____

11. Property is____ is not____ unknown____ located in a Historical District.

    Historic District_____ Block:_____ Lot(s): _____

12. Detailed Project Information:

Lot Size_____ Total size of building _____sq. ft.

Percentage of lot occupied by building(s)_____%

Height of building: _____ft. # stories _____

Set-back from Front property line: _____ft. Rear property line: _____ft.
Setback from side property lines Left_____ Right_____

Prevailing set-back of adjoining buildings within block _____

13. Has there been any previous appeal involving these premises? Yes____ No____

If yes, please attach a copy of the decision/resolution. State character of appeal & date of disposition:

_____

_____

_____

_____

_____

AFFIDAVIT OF APPLICATION

State of New Jersey}
County of Monmouth) SS:

_____ of full age, being duly sworn according to law,

on oath depose and say that all the above statements are true.

_____
Signature of Applicant

Sworn to and subscribed before me,

This _____ day of _____ 20_____.

_____
Notary Public - State of New Jersey

AUTHORIZATION

(If anyone other than the owner is making application, the following authorization must be executed).

_____ is hereby authorized to make the within application.

Date: _____ Signature of Owner _____

STATEMENT FROM A TAX COLLECTOR

Block _____ Lot _____ Also known as _____

Status of Municipal Taxes _____

Status of Assessments for local improvements _____

Date: _____ Signed By: _____

Interpretation/Appeal Application and Checklist: Part A Submission Documents

(Subsection 30-45.4) (Ord. No. 2015-52, Exhibit H)

Dear Applicant:

The following information is given to assist you in the process of applying to the Zoning Board of Adjustment. If you have any questions throughout this process, please feel free to contact us at (732) 502-5724

An application must be deemed complete by the Development Coordinator to receive a hearing date.

C	N	N/A	**ALL PLANS MUST BE FOLDED AND COLLATED**
___	___	___	1. Application form: For initial submission, submit one (1) copy of form. Upon being deemed complete, submit 10 copies.
___	___	___	2. Drawing or Plans showing the existing and proposed buildings, structures and site improvements on the property as per the technical checklist. - For initial submission, submit one (1) full size set at 24" x 36" and one (1) full set at 11" x17" - Upon being deemed complete, submit three (3) full size sets at 24" x 36" and nine (9) 11" x 17" size sets.
___	___	___	3. A signed and sealed copy of the current survey (within the last 5 years), prepared by a professional land surveyor, upon which the site plan is based, and sixteen (16) photocopies.
___	___	___	4. Certificate of payment of taxes and sewer fees.
___	___	___	5. Proof of submissions to Monmouth County Planning Board.
___	___	___	6. Notice and proofs of service, due five (5) days prior to meeting.
___	___	___	7. Application fee paid $_____.
___	___	___	8. Escrow Fee paid $_____.
___	___	___	9. Zoning Determination from the Zoning Officer.
___	___	___	10. Photographs of the site and particularly the portion of site to be affected. Photographs on all submitted copies should be in color. Digital copies are also encouraged.
___	___	___	11. W-9 form for escrow deposit
___	___	___	12. Contribution Disclosure Statement.

C=Complete N=Incomplete N/A=Not Applicable

Upon approval of a development application, a digital copy of the complete application including pdf's of submitted plats, plans and surveys and exhibits marked into evidence shall be submitted on a CD. In addition, a digital copy of the submission must be emailed to the Development Coordinator to be deemed complete.

Revised 08/2018