

Absecon City
500 Mill Road
Absecon, NJ 08201
609-641-0063

Please check the appropriate box below:

☐ **ZONING PERMIT APPLICATION for CERTIFICATE OF LAND USE COMPLIANCE (CLUC)**

Fee: Commercial: \$_____ Residential: \$_____

☐ **WAIVER OF SITE PLAN by Zoning Officer (Section 224-118)** Fee: Commercial: \$_____

To qualify for WAIVER of SITE PLAN by the Zoning Officer there must be no change in existing circulation, setbacks, drainage, landscaping, buffering, lighting, trash and recyclable storage, fire safety or noise. There must be no additional lot coverage and no increase in the number of required parking spaces. No conversion of non-food use to food service use.

☐ **WAIVER OF SITE PLAN by Planning Board (Article XXVII)** Fee: Commercial: \$_____

Check or Money Order Payable To "City of Absecon" NO CASH

Street Address of Subject Property: _____ **Unit#** _____

Zoning District: _____ **Block(s)** _____ **Lot(s)** _____ **Qualifer No.** _____

Prior Use (include total number of on-site parking spaces, number of units, number of seats if restaurant and /or bar, describe fully):

Proposed Use (fully describe proposed use and/or signage, including total number of units; number of on-site parking spaces, number seats if restaurant and / or bar attach sheets if necessary):

Applicant's Name: _____ **Phone:** _____

Applicant is a ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC

Tax Identification Number _____

Business Name: _____

Applicant's Address: _____

Applicant's Email Address: _____

I certify that the information and the materials submitted are true. I further agree to submit a full Site Plan Application within one year of Absecon Planning Board waiver of Site Plan review, should the Planning Board deem such further review necessary. I further certify that I am the individual applicant or that I am an Authorized Signatory for the Corporation or Partnership.

Applicant's Signature: _____ **Date:** _____

Escrow Agreement for WAIVER OF SITE PLAN (Article XXVII)

I understand that the sum of \$ _____ has been deposited in an escrow account. In accordance with the Ordinance of the City of Absecon. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

Applicant's Signature: _____ **Date:** _____

Owner's Name: _____ **Phone:** _____

Owner's Address: _____

Owner's Email Address: _____

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 decision in the same manner as if I were the applicant. I further certify that I am the individual owner or that I am an Authorized Signatory for the Corporation or Partnership.

Property Owner's Signed Consent: _____ **Date:** _____

Name and Address of Professional Consultant(s): _____

_____ FOR OFFICE USE ONLY for Zoning Permit / CLUC _____

Approved CLUC _____ **Denied CLUC** _____

Conditions of Approval: Subject to applicant's satisfaction of all applicable requirements of the City of Absecon City's Land Use Ordinances and regulations and compliance with all Federal, State and Local laws.

Application Number: _____ **Fee Received:** _____

Date Filed: _____ **Date Issued:** _____

Authorization: _____

Absecon City Zoning Officer

Include the following with the completed form:

1. Fee Payable to City of Absecon – CHECK OR MONEY ORDER – NO CASH
 2. PROPERTY OWNER'S SIGNATURE
 3. APPLICANT'S SIGNATURE
 4. If LLC, copy of Operating Agreement documenting authorization for individual to sign on behalf of LLC for either and/or both applicant and owner.
 5. If Corporation, copy of written authorization for individual to sign on behalf of Corp. for either and/or both applicant and owner.
 6. Two copies of Sign plans including rendition of sign with dimensions and the dimensions of the façade of the building. Business name and Sign information must match.
 7. Survey prepared by NJ Licensed Land Surveyor depicting existing conditions (including but not limited to) building setbacks, site coverage, building coverage, parking spaces, loading areas, business identification signage, fencing, trash and recycling enclosure, etc.
 8. Zoning Schedule comparing existing conditions with proposed changes and conformity to the Developmental Ordinance (including but not limited to) building setbacks, site coverage, building coverage, parking spaces, loading areas, business identification signage, etc.)
 9. Floor plan of proposed business establishment. Include seating layout if restaurant and/or bar.
 10. Site Plan depicting proposed improvements. (If applicable)
 11. Fully describe prior uses including square feet of commercial use, number of units, number of seats if restaurant and/or bar use.
 12. Fully describe proposed uses including square feet of commercial use, number of units, number of seats if restaurant and/or bar use.
 13. Any prior approvals (If applicable) (Resolutions, or Certificate of Nonconformity, etc.)
 14. Any other documentation pertinent to the application.
 15. Two (2) copies of Application and supporting documents required for CLUC / Zoning Permit Review.
 16. Six (6) copies of Application and supporting documents required for Waiver of Site Plan Review.
 17. List of Professional Consultants (Name, Address, Email Address)
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ZONING PERMIT APPLICATION INSTRUCTIONS:

The purpose of the Zoning Permit Application is to serve several general purposes. It provides a procedure for reviewing plans for compliance with Absecon Developmental Ordinance and means of evidencing such compliance, it also serves as an adjunct to and thus must be filed prior to or with all other applications filed for development or construction in accordance with applicable codes. It also provides a procedure to review proposed developments that qualify for exceptions to requirements for site plan approval (Site Plan Waiver).

Determination must be made on Zoning Permit Application within ten business days of receipt of a complete Application in accordance with NJSA 40:55D-18 (3). A complete application must include all items listed below. This information is necessary for the Zoning Officer to make a proper and expeditious determination. If the Zoning Officer determines inadequate information is provided, additional information will be requested. If the additional information is not provided within ten business days of initial submission, the request will be denied and the application will be required to resubmitted with the fee being paid again. If the result of the review determines that variance relief is required, a Zoning Permit cannot be issued.

PROJECT NAME: _____
 ADDRESS: _____
 BLOCK: _____ LOT(S): _____

ZONING SCHEDULE TO ACCOMPANY APPLICATION

ZONE: C-1	PERMITTED OR REQUIRED	EXISTING CONDITIONS	PROPOSED IMPROVEMENTS	CONFORMITY STATUS
USE	SINGLE FAMILY DWELLINGS, RETAIL STORES & SHOPS, GENERAL BUSINESS, PERSONAL SERVICE, BARBER SHOPS, BEAUTY SHOPS, PROFESSIONAL OFFICES, RESTAURANTS, BARS IN RESTAURANTS. RESIDENTIAL DWELLINGS IN COMBINATION WITH RETAIL USES.			
LOT SIZE	7,500 SF			
LOT WIDTH	75'			
LOT DEPTH	VARIES			
LOT COVERAGE	75% MAX.			
FRONT YARD SETBACK (FIRST FRONT)	8' MIN.			
FRONT YARD SETBACK (2nd front)	8' MIN.			
SIDE YARD SETBACK (First)	4' MIN.			
SIDE YARD SETBACK (Second)	4' MIN.			
REAR YARD SETBACK	5' MIN.			
DWELLING PARKING	2 SPACES PER UNIT			
RESTAURANT PARKING	1 SPACE PER 3 SEATS. PLUS 1 SPACE PER 2 EMPLOYEES IN PEAK SHIFT.			
RETAIL PARKING	1 SPACE PER 200 SF OF FLOOR AREA, PLUS 1 SPACE PER 2 EMPLOYEES IN PEAK SHIFT.			
PROFESSIONAL OFFICE PARKING	1 SPACE PER 200 SF OF FLOOR AREA, PLUS 1 SPACE PER 2 EMPLOYEES IN PEAK SHIFT.			
MEDICAL, DENTAL OFFICE OR CLINICS PARKING	2 SPACES FOR EACH OPERATING /EXAM ROOM, PLUS 1 SPACE FOR EACH EMPLOYEE INCLUDING MEDICAL PRACTITIONER.			
SCHOOL OR CHILD DAY CARE	1 SPACE PER 600 SF OF FLOOR AREA, INCLUDING CLASSROOMS & ADMIN. OFFICES, PLUS 1 SPACE FOR PER 2 EMPLOYEES IN PEAK SHIFT.			
OFFICES, OFFICE BUILDINGS, BANKS	1 SPACE PER 300 SF OF FLOOR AREA, PLUS 1 SPACE PER 2 EMPLOYEES IN PEAK SHIFT.			

Absecon City Planning Board

500 Mill Road
Absecon NJ 08201
609-641-0663 x-112

INSTRUCTIONS FOR SITE PLAN WAIVER APPLICATION

Article XX, Section 224-118 (Ord. 25-97) states the following: "In the absence of a change in use, neither site plan review nor site plan waiver application is required solely because of a change in ownership or occupancy or because of alternations to a building or structure which would not increase its size and which would not materially alter its exterior."

A change of use, or the increase of the intensity of the use of an existing commercial establishment/location would require, as a minimum, a site plan waiver application.

Article XXVII, Section 224-197-220 of the developmental ordinance provides standards in which a site plan waiver may be considered by the Board (see attached ordinance). The proposal must meet the following criteria:

If the responses to the following requirements are all **YES**, the application meets the requirements to be considered for a site plan waiver.

	YES	NO
No variances are required for any bulk and area requirements	_____	_____
Pre-existing non-conforming conditions are not increased by the proposal	_____	_____
Proposed building or addition is 1,000 s.f. or less	_____	_____
Proposed or additional parking spaces are 5 or less.	_____	_____
Additional site cover is 2000 s.f. or less	_____	_____
Improvements will have a de minimis effect on stormwater drainage, traffic circulation, landscaping requirements, buffering and lighting	_____	_____
Proposed use is not a conditional use	_____	_____

Application form for waiver of site plan review must be completed. If certain items do not apply, complete by inserting NA in the space provided.

Subject property information, applicant, disclosure statement, signatures of owner and applicants must be provided.

Applicant and escrow fees must be paid.

FEE REQUIREMENTS:**Sub-section 224-195E (Applications Fees)**

- 6.b. Site Plan Waivers (Article XXVIII): \$50.00 each meeting
(before Site Plan Waiver Committee)
- c. Informal meetings or Site Plan Waiver Requests before full Board:
\$100.00 each meeting.
- d. Extensions, continuations caused by applicant or special meetings
before full Board: \$100.00 each meeting

Sub-Section 224-195F (Escrows)

- 7.c. Site Plan Waivers \$500.00
- d. Informal meetings or Site Plan Waiver Requests before full Board:
\$500.00
- e. Extensions, continuations caused by Applicant or Special meetings
before full Board: \$700.00.