

TOWNSHIP OF GLOUCESTER

1261 Chews-Landing Clementon Road at Hider Lane

P.O. Box 8 Blackwood, NJ 08012

Community Development & Planning: (856) 374-3500 – FAX: (856) 232-6229

For Office Use Only

Submission Date¹: _____ Application No.: _____

Taxes paid YES NO ____ (Initial)

Planning Board Zoning Board of Adjustment Redevelopment Entity

Fees _____ Project # _____

Escrow _____ Escr.# _____

¹ Upon receipt of all fees, documents, plans, taxes paid, etc.

Fire District # _____

LAND DEVELOPMENT APPLICATION

1. Applicant	2. Owner(s) (List all Owners)
Name: _____	Name(s): _____
Address: _____	_____
City: _____	Address: _____
State, Zip: _____, _____	City: _____, _____
Phone: (____) ____ - ____ Fax: (____) ____ - ____	State, Zip: _____, _____
Email: _____	Phone: (____) ____ - ____ Fax: (____) ____ - ____

3. Type of Application. Check as many as apply:

<input type="checkbox"/> Informal Review ² <input type="checkbox"/> Minor Subdivision <input type="checkbox"/> Preliminary Major Subdivision ² <input type="checkbox"/> Final Major Subdivision <input type="checkbox"/> Minor Site Plan <input type="checkbox"/> Preliminary Major Site Plan ² <input type="checkbox"/> Final Major Site Plan <input type="checkbox"/> Conditional Use Approval ² <input type="checkbox"/> General Development Plan ²	<input type="checkbox"/> Planned Development ² <input type="checkbox"/> Appeal of Administrative Officer's Decision – "A" Variance <input type="checkbox"/> Interpretation – "B" Variance ² <input type="checkbox"/> Bulk "C" Variance ² <input type="checkbox"/> Use "D" Variance ² <input type="checkbox"/> Site Plan Waiver <input type="checkbox"/> Rezoning Request <input type="checkbox"/> Redevelopment Agreement <input type="checkbox"/> Other _____
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² Applicant shall provide public notice in the official newspaper and to all property owners within 200 feet [Basis N.J.S.A. 40:55D-12].

4. Zoning Districts or Redevelopment Areas (Circle all zones or redevelopment area that apply)

ER	R-1	R-2	R-3	R-4	RA	APT
SCR	GCR	SCR-HC	OR	OF	CR	IA-APT
NC	HC	GI	BP	IN	PR	FP
Blackwood West RDAs		G-RD	M-RD	BW-RD	L-RD	Glen Oaks
New Vision	Interchange	College Drive	Lakeland	DESCO	Moffa's Farm	GEMS

5. The following applicants are required to be represented by a New Jersey Attorney: Corporation, Partnership, Limited Liability Corporation and Limited Liability Partnership

Name of Attorney: _____	City: _____
Firm: _____	State, Zip: _____, _____
Address: _____	Phone: (____) ____ - ____ Fax: (____) ____ - ____
	Email: _____

6. Name of Persons Preparing Plans and Reports:

Name: _____

Address: _____

Profession: _____

City: _____

State, Zip: _____

Phone: (____)____ - ____ Fax:(____)____ - ____

Email: _____

Name: _____

Address: _____

Profession: _____

City: _____

State, Zip: _____

Phone: (____)____ - ____ Fax:(____)____ - ____

Email: _____

7. Location of Property:

Street Address: _____

Block(s): _____, Lot(s): _____

8. Land Use:

Existing Land Use (Describe the Application): _____

Proposed Land Use (Describe the Application): _____

9. Property:

Number of Existing Lots: _____

Number of Proposed Lots: _____

Proposed Form of Ownership:

Fee Simple

Cooperative

Condominium

Rental

Are there any existing deed restrictions?

No Yes

(If yes, attach copies)

Are there any proposed deed restrictions?

No Yes

10. Utilities: (Check those that apply.)

Public Water

Public Sewer

Private Well

Private Septic System

11. List of Application Submission Materials:

List all additional materials on an additional sheet.

12. List Previous or Pending Applications for this Parcel:

List all applications on a separate sheet.

13. Zoning	
All Applications (property dimensions) Lot frontage 1 _____ Lot frontage 2 (corner lots) _____ Lot depth _____ Lot area _____	Abbreviations/Footnotes ¹ = E.O.P = Edge of pavement ² = Applies to corner lots.
Fence Application Setback from roadway E.O.P. ¹ _____ Setback from roadway E.O.P. ² (corner lots) _____ Fence type (i.e. wood, vinyl, etc.) _____ Fence height _____	Shed Application Shed area (length x width) _____ Shed height _____ Shed wall height _____ Setback from front property line 1 _____ Setback from front property line 2 ² _____ Setback from side property line _____ Setback from rear property line _____ Number of sheds _____ Distance from other building(s) _____
Garage Application Garage Area (length x width) _____ Garage height _____ Garage wall height _____ Number of stories _____ Number of garages _____ (Includes attached garages if applicable) _____ Distance from other building(s) _____	Swimming Pool Application Swimming pool area or diameter _____ Setback* from front property line 1 _____ Setback* from front property line 2 ² _____ Setback* from side property line _____ Setback* from rear property line _____ Distance** from dwelling _____ * Setback = Distance from pool apron. **Distance = Distance from edge of water.
14. Relief Requested (Variances, Conditional Use, Waivers, Exceptions):	
<input type="checkbox"/> Check here if zoning variances are required. <input type="checkbox"/> Check here if a conditional use is required. <input type="checkbox"/> Check here if waivers from the Land Development Ordinance's performance and design standards are requested. <input type="checkbox"/> Check here if exceptions to the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.1) are requested. <input type="checkbox"/> Check here if waivers from the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.2) are requested. • Such waivers require application to and approval from the N.J. Site Improvement Advisory Board].	
NOTE: If any of the above are required, attach hereto separate exhibit(s) for each category of relief sought.	
15. Signature of Applicant	
_____ Signature of Applicant	_____ Date
_____ Signature of Co-applicant	_____ Date

16. Consent of Owner(s):

I, the undersigned, being the owner(s) of the lot or tract described in this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. **(If owned by a corporation, attach documentation authorizing application and officer signature).**

_____	_____
Date	Signature
Sworn and Subscribed to before me this	_____
_____ day of _____,	Print Name
_____ (Year).	_____
	Signature

	Print Name

17. Disclosure Statement (Pursuant to N.J.S.A. 40:55D-48.1 and 48.2):

Complete each of the following sections (attached names and addresses, if applicable):

- | | | |
|--|-----------------------------|------------------------------|
| A. Is this application to subdivide a parcel of land into six or more lots? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| B. Is this application for a variance to construct a multiple dwelling of 25 or more family units? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| C. Is this application for approval on a site or sites for commercial purposes? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| D. Is the applicant a corporation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| E. Is the applicant a limited liability corporation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| F. Is the applicant a partnership? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

IF YES TO ANY OF THE ABOVE:

- 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 partnership, as the case may be. (Use additional sheets as necessary).
- Does a corporation or partnership own 10 percent or more of the stock in this corporation or partnership?

IF YES:

List the names and addresses of the stockholders of that corporation holding 10 percent or more of the stock or 10 percent or greater interest in that partnership, as the case may be. This requirement is to be followed by every corporate stockholder or partnership, until the names and addresses of the non-corporate stockholder and individual partners with 10 percent or more ownership have been listed. (Use additional sheets as necessary).

_____	_____
Signature of Applicant	Date

Print Name	

18. Survey / sketch plat waiver certification:

As of the date of this application, I hereby certify that the survey / sketch plat submitted with this application, under the date of _____, shows and discloses the premises in its entirety, described as Block _____ Lot _____; and I further certify that no buildings, fences or other facilities have been constructed, installed or otherwise located on the premises after the date of the survey / sketch plat with the exception of the structures shown.

State of New Jersey, County of Camden: _____ of full age, being duly sworn to law, on oath and says that all of the above statement herein is true. _____ Name of property owner or applicant	Sworn and subscribed to On this _____ day of _____, 20____ before the following authority. _____ Notary public
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