

Date Received:	_____
Application #:	_____
Received By:	_____
Date of Completion:	_____

## **PLANNING/ZONING BOARD APPLICATION**

### **TYPE OF APPROVAL REQUESTED:**

- |  |                                       |
|--|---------------------------------------|
| _____ A Variance – Appeal of Zoning Officer                      | _____ Minor Subdivision (1-3 lots)    |
| _____ B Variance – Interpretation of Zoning Map and/or Ordinance | _____ Minor Subdivision (4+ lots)     |
| _____ C Variance -- Bulk Variance Site Plan                      | _____ Major Subdivision (Preliminary) |
| _____ D Variance – Use Variance                                  | _____ Major Subdivision (Final)       |
| _____ Conditional Use  | _____ Minor Site Plan                 |
| _____ Amend Prior Approval                                       | _____ Major Site Plan                 |
| _____ Informal Review/Concept Plan                               | _____ Waiver of Development Standards |

**\*\*\*If you are unfamiliar with the Gloucester City Ordinance requirements, please contact an attorney prior to completing this application.**

### **SUBJECT PROPERTY**

Property Address: \_\_\_\_\_  
 Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

### **APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_  
 Present Home Address (street, city, state, zip code): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

**If the applicant is a corporation or partnership, please refer to section entitled  
 “CORPORATION/PARTNERSHIP DISCLOSURE STATEMENT:” listing all names and addresses of  
 persons having 10% interest or more in the corporation or partnership.**

**INCLUDE THIS PAGE WHEN SUBMITTING APPLICATION**

If other than to the applicant, to whom should the City reports and correspondence be sent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### **PROPERTY OWNER INFORMATION**

***If the owner is someone other than the applicant, provide the following information and refer to the attachment "CERTIFICATION OF OWNER."***

Name of Property Owner: \_\_\_\_\_

Present Home Address (street, city, state, zip code): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship of the applicant to the property in question:

Owner \_\_\_\_\_ Leases \_\_\_\_\_ Purchaser Under Contract \_\_\_\_\_ Other \_\_\_\_\_

### **PROPERTY INFORMATION**

Present/Existing Use of property:

Proposed Use of property:

Type of Road Frontage:

State Highway \_\_\_\_\_ County Highway \_\_\_\_\_ Municipal \_\_\_\_\_

Total area in square feet or acres: \_\_\_\_\_

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_

If corner lot, please specify both frontages: \_\_\_\_\_

Are there restrictions, covenants, easements, association by-laws, existing or proposed on the property?

Yes (attach copies) \_\_\_\_\_ No \_\_\_\_\_ Proposed \_\_\_\_\_

***\*All deed restrictions, covenants, easements, association by-laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be reviewed.***

Have there been any previous applications filed with respect to this property to the Gloucester City

Planning/Zoning Board? Yes \_\_\_\_\_ No \_\_\_\_\_ Month/Year \_\_\_\_\_

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If yes, please state the type of application submitted and the outcome:

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Describe any deed restrictions affecting the property.

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Describe any deed restriction proposed by the applicant.

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Describe any easements or rights of way affecting by the applicant.

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Describe any easements or rights of way proposed by the applicant.

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### **PROFESSIONAL INFORMATION**

Applicant's Attorney:

Address:

Phone #:

Fax #:

Applicant's Engineer:

Address:

Phone #:

Fax #:

Applicant's Planning Consultant:

Address:

Phone #:

Fax #:

Applicant's Traffic Engineer:

Address:

Phone #:

Fax #:

***\*Please attach a list with any other expert who will submit a report or who will testify for the Applicant (include name, address, telephone #, profession, and itemization of material submitted).***

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**ADDITIONAL DATA:**

List maps, reports, and other material accompanying this application. Please include the specific item, who it was prepared by and the date of the last revision (attach supplemental sheet if needed):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**CORPORATION/PARTNERSHIP DISCLOSURE STATEMENT:**

Pursuant to NJSA 40:55D-48.1, the names and addresses of all persons owning 10% or more stock or 10% or great interest in partnership of said applicant shall list the names and addresses of its stockholders:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_%

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_%

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_%

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_%

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_%

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**TAX CERTIFICATION**

***\*Please visit the Tax Office in the Municipal Building at 512 Monmouth Street, Gloucester City, NJ to complete this form. Signature is needed by the Tax Collector prior to submission of this application.***

The Planning Board requests current certification of payment of taxes from the Tax Collector's Office of Gloucester City on the below referenced property prior to submission to the Board for approval.

***TO BE COMPLETED BY TAX COLLECTOR:***

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

As of \_\_\_\_\_,

Taxes are current: \_\_\_\_\_

Taxes are delinquent: \_\_\_\_\_ Delinquent amount: \$ \_\_\_\_\_

Tax Certification by: \_\_\_\_\_

Date: \_\_\_\_\_

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**CERTIFICATION OF APPLICANT:**

I certify that the foregoing statements and the materials submitted are true and correct. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership applicant. I understand that if any of the foregoing statements are willfully false, I am subject to punishment.

I also understand that the sum of \$\_\_\_\_\_ has been deposited in an escrow account. In accordance with the Ordinances of the City of Gloucester, 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 and the publication of the decision by the Board. Sums not utilized in the review process shall be returned upon a letter written by the applicant seeking these monies. 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.

Signature of Applicant:\_\_\_\_\_

Print Name:\_\_\_\_\_

Print Title:\_\_\_\_\_

Date:\_\_\_\_\_

***\*TO BE COMPLETED BY THE CITY CLERK'S OFFICE OR OTHER NOTARY PUBLIC:***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

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**CERTIFICATION OF OWNER:**

***\*If the owner is a corporation this certification must be signed by an authorized corporate officer. If the owner is a partnership, this certification must be signed by a general partner.***

I certify that I am the owner of the property at \_\_\_\_\_, Block \_\_\_\_\_, Lot(s) \_\_\_\_\_, 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 also hereby give permission to the members of Gloucester City Planning Board and its authorized representatives and experts, to enter onto my property for the purpose of evaluation of this application presently pending before the Board.

Signature of Owner: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

***\*TO BE COMPLETED BY THE CITY CLERK'S OFFICE OR OTHER NOTARY PUBLIC:***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

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**NOTICE OF HEARING TO PROPERTY OWNERS**

*\*Any variance, site plan, or major subdivision application requires public notice and must be given to all owners of real property, as shown on the current tax duplicate, located within 200' in all directions of the applicant's property. This notice must be sent by certified or registered mail at least 10 days before the day of the hearing, however it shall not be sent until the applicant receives written confirmation from the Planning Board Secretary that the application is deemed complete. An affidavit of service establishing that the notice was sent to all subject property owners must be signed and filed at least 2 days prior to the applicant's hearing date. If sending the notice via certified mail, copies of the certified receipts must be attached to the affidavit. Attached is the notice to be completed and sent to the property owners.*

**NOTICING PROPERTY OWNERS WITHIN 200' IS NOT NECESSARY FOR THOSE APPLICANTS APPLYING FOR A MINOR SUBDIVISION ONLY, HOWEVER YOU MUST STILL SUPPLY APPROPRIATE LEGAL NOTICE.**

**INSTRUCTIONS ONLY – DO NOT INCLUDE THIS PAGE WHEN SUBMITTING APPLICATION**



**NOTICE OF HEARING**

*To property owner(s) situated within 200 feet of property to be affected*

To Whom It May Concern:

Notice is hereby given that a hearing will be held before the Gloucester City Planning Board on

\_\_\_\_\_ (date of meeting) at 7:30 p.m. in the Police

Administration Building at 313 Monmouth Street, Gloucester City, NJ on the application of

\_\_\_\_\_ (name of applicant) for a

\_\_\_\_\_ (list relief being sought) to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(describe proposed use of premises) on property located at (property address)

\_\_\_\_\_ and known as Block \_\_\_\_\_ and Lot(s)

\_\_\_\_\_ on the Gloucester City Tax Map, which is 200' from your

property.

Any and all persons affected by this application may be heard at the meeting, in which this application shall be heard. The application and corresponding documents are on file in the City Office of Gloucester City at 512 Monmouth Street, available for public inspection between the hours of Monday to Wednesday 8:00 am and 5:30 pm, Thursday 10 am to 7 pm.

\_\_\_\_\_  
Signature/Address of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application #

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**AFFIDAVIT OF PROOF OF SERVICE & PUBLICATION (N.J.S.A. 40:55d-12b)**

***\*Proof of service of notices required by statute must be filed and verified with the Planning Board Secretary at least two (2) days prior to meeting date or the application will not be heard, however DO NOT send out property owner or publication notice until notified in writing by the Planning Board Secretary that your application is deemed complete.***

NAME OF APPLICANT \_\_\_\_\_

SUBJECT PROPERTY ADDRESS \_\_\_\_\_

I \_\_\_\_\_, acting as the \_\_\_\_\_ (*applicant, agent, or attorney*) hereby certify that at least ten (10) days prior to the scheduled Gloucester City, NJ Planning Board meeting to take place on \_\_\_\_\_, I have served written notice of the hearing on this application to each and all of the persons upon whom service must be had, in the required form and according to the attached lists, and in the manner Indicated thereon; and to the official newspaper of Gloucester City as indicated on the attached Proof of Publication.

A true copy of the notice and a list of the names and addresses of all persons notified indicating the date and manner of service are attached.

I certify that the foregoing statements are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***\*TO BE COMPLETED BY THE CITY CLERK'S OFFICE OR OTHER NOTARY PUBLIC:***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

***NOTE TO APPLICANT: ATTACH LIST OF ALL PERSONS SERVED (w/ certified receipts or list of signatures) AND PROOF OF PUBLICATION.***

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NOTICE TO BE PUBLISHED IN OFFICIAL NEWSPAPER

***\*As the applicant, it is your responsibility to publish the required notice(s) of hearing(s). Publication must occur at least ten (10) days prior to the hearing date, however it shall not be sent to the newspaper until the applicant receives written confirmation from the Planning Board Secretary that the application is deemed complete. Official newspapers for Gloucester City are the Courier Post (daily circulation) and the Gloucester City News (weekly circulation). All costs associated with this publication are the responsibility of the applicant. The following must be published as a legal notice in the newspaper listed above and upon publication, a proof of publication (from the newspaper) should be attached to the affidavit of service):***

Take notice that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at 7:30 p.m., a hearing will be held before the Gloucester City Planning Board at the Police Administration Building, 313 Monmouth Street, Gloucester City, NJ on the application of

\_\_\_\_\_ (name of applicant)

for a \_\_\_\_\_ (list relief being sought) to (describe proposed use of premises) \_\_\_\_\_

\_\_\_\_\_

on property located at (property address) \_\_\_\_\_ and known as Block \_\_\_\_\_ and Lot(s) \_\_\_\_\_ on the Gloucester City Tax Map.

Application and corresponding documents are on file in the City Office of Gloucester City at 512 Monmouth Street, available for public inspection between the hours of Monday to Wednesday 8:00 am and 5:30 pm, Thursday 10 am to 7 pm.

\_\_\_\_\_  
Signature/Address of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application #

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**REQUEST FOR LIST OF PROPERTY OWNERS**

***\*To obtain the list of owners of real property, as shown on the current tax duplicate, located within 200' in all directions of the applicant's property, please fill out the following information and return to the City Clerk's Office.***

Pursuant to the provisions of N.J.S. 40:55D-12C, the Administrative Officer of the Municipality shall within seven (7) days after receipt of a request and upon receipt of payment of 25 cents per name or \$10 whichever is greater, certify a list from the current tax duplicate including names and addresses of owners to whom the applicant is required to give notice.

Date of request: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone #: \_\_\_\_\_

To the Administrative Officer of the Municipality:

I hereby request a certified list of property owners within 200 feet of Block \_\_\_\_\_  
and Lot(s) \_\_\_\_\_.

Enclosed please find the required fee of \$\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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**VARIANCE INFORMATION (complete only if variance is requested):**

Location/Street Address of Subject Property: \_\_\_\_\_

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

	Minimum Requirements	Proposed
Lot Area		
Lot Width		
Lot Depth		
Lot Frontage		
Setbacks -----		
Front		
Side		
Combined		
Rear		
Height		
Lot Coverage	%	%

Application is hereby made for:

\_\_\_\_\_ Hardship or practical difficulties (C Variance-Bulk/ See NJSA 40:55D-70c)

\_\_\_\_\_ Use and/or structure (D Variance/See NJSA 40:55D-70d)

Briefly describe each variance requested and list the section(s) of the Code from which relief is being sought (check all those that apply and indicate the Section #)

Bulk Regulation	Section #
____ Lot Area	
____ Front Yard	
____ Side Yard	
____ Rear Yard	
____ Coverage	
____ Height	
____ Floor Area Ratio	
____ Parking	
____ Use	
____ Other	

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**C Variance Request**

Please state the exceptional conditions of the property preventing the applicant from complying with the Zoning Ordinance: \_\_\_\_\_

\_\_\_\_\_

What are the exceptional circumstances or conditions applicable to the property involved or to the intended use of the property, which do not apply generally to other properties in the same zone or neighborhood? \_\_\_\_\_

\_\_\_\_\_

If the applicant does not contend there are exceptional conditions of the property, what purpose of the Municipal Land Use Act will be advanced if the variance(s) is/are granted and in what way is the benefits of granting this application outweigh any detriments?

\_\_\_\_\_

Supply a brief statement of facts showing why the relief requested should be granted without substantial detriment to the public good and without substantial impairment to the intent and purpose of the City's zone plan and zoning ordinance:

\_\_\_\_\_

**D Variance Request (PLEASE BE SPECIFIC AND USE ADDITIONAL SHEETS IF NECESSARY – HERE IS WHERE YOU STATE YOUR CASE AS TO WHY THIS VARIANCE SHOULD BE GRANTED!)**

Explain how the proposed use can be granted without substantial detriment to the public good.

\_\_\_\_\_

Explain how the proposed use can be granted without substantially impairing the intent and purpose of the Zone Plan and Zoning Ordinance.

\_\_\_\_\_

List the special reason(s) the applicant relies upon to support the application:

\_\_\_\_\_

List here any "hardship" related to the nature of the land and/or the neighborhood and which prevents reasonable utilization of the property for any permitted use.

\_\_\_\_\_

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