



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

**PLANNING/ZONING BOARD APPLICATION**

**TYPE OF APPROVAL REQUESTED:**

\_\_\_\_\_ A Variance – Appeal of Zoning Officer

**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 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 #: \_\_\_\_\_

**INCLUDE THIS PAGE WHEN SUBMITTING APPLICATION**

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

Relationship of the applicant to the property in question:

Owner \_\_\_\_\_ Leasee \_\_\_\_\_ 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 \_\_\_\_\_

Have there been any previous applications filed with respect to this property to the Gloucester City Planning/Zoning Board? Yes \_\_\_\_\_ No \_\_\_\_\_ Month/Year \_\_\_\_\_

**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. \_\_\_\_\_

**REASON FOR APPLICATION:**

Please specifically explain your situation and why you are seeking the opinion of the Planning/Zoning Board prior to coming for formal application (attach separate sheet if more space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF APPEAL**

TAKE NOTICE that \_\_\_\_\_ (Name of Property Owner)  
owner of \_\_\_\_\_ (Property Address) in the City of Gloucester City, NJ  
designated on the Gloucester City, NJ Tax Map as Block \_\_\_\_\_, Lot \_\_\_\_\_ is located  
in the \_\_\_\_\_ (Name of Zoning District) zoning district. The undersigned  
owner hereby wishes to appeal to the Zoning Board of Adjustment from the order,  
determination, or decision of the Gloucester City Zoning Officer made on  
\_\_\_\_\_ (Date) to permit

\_\_\_\_\_  
\_\_\_\_\_  
*describe what you're seeking to do* for the reason that appellant alleges error in the order,  
requirement, decision or refusal of said Administrative Officer regarding this issue.

TAKE FURTHER NOTICE that you are hereby required to immediately transmit to the  
Secretary of the Zoning Board of Adjustment all papers constituting the record upon which the  
action appealed from was taken, in accordance with the Rules of the Zoning Board of  
Adjustment and the statute (N.J.S.A 40:55D-70.2) in such case made and provided (see  
attached statute information).

\_\_\_\_\_  
Appellant (Name of Property Owner)

\_\_\_\_\_  
Date

**NOTE: THIS NOTICE OF APPEAL MUST BE SERVED UPON THE ZONING OFFICER  
FROM WHOM THE APPEAL IS TAKEN WITHIN 20 DAYS OF THE DATE OF THE ACTION,  
WHICH IS APPEALED.**

FILING A NOTICE OF APPEAL

1. Complete the attached application.
2. Complete and sign the attached notice of appeal.
3. Attach application fees

1 check made payable to City of Gloucester City for \$\_\_\_\_\_ for application fees as follows:

- |  |          |
|--|----------|
| <input type="checkbox"/> Residential     | \$50.00  |
| <input type="checkbox"/> Non Residential | \$100.00 |
| <input type="checkbox"/> Conditional Use | \$100.00 |

1 check made payable to City of Gloucester City for \$\_\_\_\_\_ for professional services escrow fees as follows:

- |  |          |
|--|----------|
| <input type="checkbox"/> Solicitor Escrow (C variance) | \$100.00 |
| <input type="checkbox"/> Solicitor Escrow (D Variance) | \$200.00 |
| <input type="checkbox"/> Engineer Review               | \$100.00 |
| <input type="checkbox"/> Planner Escrow                | \$300.00 |

4. Submit application, appeal, and fees to Gloucester City Housing Office c/o Zoning Officer at 313 Monmouth Street, Gloucester City, NJ within 20 days of the zoning officer's decision.
5. At this time, the Zoning Officer shall immediately forward the application, appeal and fees to the Gloucester City Zoning/Planning Board Secretary with a copy of all papers constituting the record upon which the action appealed from was taken.
6. Upon reviewing the paperwork, you will be contacted by the Zoning/Planning Board Secretary as to the meeting date upon which you are to appeal your decision to the Zoning Board.

*If you have any questions you may directly contact the Zoning Officer at (856) 456-7689 or the Planning/Zoning Board Secretary at (856) 456-1250.*

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