West Windsor Township

Department of Engineering and Community Development 271 Clarksville Road* P.O. Box 38*Princeton Junction*New Jersey 08550*(609)799-2400*FAX(609)275-4850

APPLICATION TO WEST WINDSOR ZONING BOARD OF ADJUSTMENT

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FOR O	FFICIAL USE ONLY		
Applica	ation Control Number:		
Date Ap	oplication Filed:		
******	***************************************		
SECTIO	ON 1 - INFORMATION REGARDING THE APPLICANT		
A]	The Applicant's full legal name is		
DI	The Applicant's mailing address is		
B]	The Applicant's mailing address is		
C]	The Applicant's telephone number is		
D]	The Applicant's fax number is		
E]	The Applicant is a: CORPORATION		
	PARTNERSHIPINDIVIDUAL (S)		
	OTHER (please specify)		
F]	If the Applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership.		
G]	The relationship of the Applicant to the property in question is: OWNERPURCHASE UNDER CONTRACTOTHER (please specify)		
	OTHER (please specily)		
H]	If the Applicant is not the owner of the property in question, the Applicant must obtain and submit a copy of this application signed by the owner in the space provided in <u>Section 7B.</u>		
(Note:	If the applicant is a corporation seeking relief under N.J.S.A. 40:55D-70 et seq., then the Applicant must be represented by a New Jersey Attorney).		

SECTION 2 - INFORMATION REGARDING THE PROPERTY

A]	The street address of the property is		
B]	The tax map Block Number (s); the Lot Number (s) is		
C]	The zone in which the property is located is		
D]	The dimensions of the property are		
E]	The size of the property issquare feet/acre(s).		
F]	Road frontage of the property is		
G]	The property is located:		
	within 200 feet of another Municipality		
	adjacent to an existing or proposed County road		
	3. adjacent to a State highway		
	(If any of the above apply, please make sure that all proper jurisdictional authorities ARE properly noticed and served - If there is any doubt on who should be notified, please contact the Planning/Zoning Office).		
H]	Have there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property: YES NO		
I]	If the answer to "H" is YES, attach a copy of the written decision (s) adopted by the applicable Board.		

SECTION 3 - INFORMATION ABOUT REQUESTED RELIEF

A]		RE OF Alle of Varia	PPLICATION ances:		
		"A" Vari	anceAppeal of Zoning OfficerAppeal of Alleged Error		
		"B" Vari	ance		
		-	Interpretation of Development Ordinance (Subdivision, Site Plan, Zoning)		
		"C" Vari	ance		
			Bulk Variance (dimensional)		
		"D" Vari	iance		
			Variance including, but not limited to a use or structure not permitted in a Zoning District; Floor Area Ratio, Density		
	2. a] S b] S	Subdivisio Subdivisio	on on Application to follow		
	3. a] S b] S	Site Plan Site Plan	Application to follow		
	4. Wai	ver of lot	street frontage requirement		
	5. Exc	eption to	the official map		
B]	Please attach one copy of the following forms depending on the type of application being				
	made:	1.	(a) Appeal of Zoning Officer(b) Appeal of Alleged Error		
		2.	(a) Interpretation of Development Ordinance(b) Interpretation of Zoning		
		3.	Bulk Variance (dimensional)		
		4.	Variance including, but not limited to a use or structure not permitted in a zoning district; Floor Area Ratio, or Density		

SECTION 4 - INFORMATION ABOUT EXPERTS

The following information, although not required, is respectfully requested to enable the Board to facilitate the processing of this application.

A]	Applicant's Attorney: Name						
	Address						
	Phone	Fax	E-Mail				
B]	Applicant's Engineer: Name						
	Address		E-Mail				
	Phone	Fax	E-Mail				
C]	Applicant's Architect: Name						
	Phone	Fax	E-Mail				
D]	Applicant's Planner: Name						
	Address						
	Phone	Fax	E-Mail				
E]	Other Experts: Name	Other Experts: Name					
	Address		E-Mail				
	Phone	Fax	E-Mail				
*****	FION 5 SUBMISSION		****************	**			
	se submit one (1) copy of t , which is the week of the		he Planning/Zoning Office during "Open Wi ach month:	ndow"			
A]	Application – s	igned (copy of agreemer	t with owner if being purchased)				
B]	features involv	ed (i.e, dimensions of pre	ing all adjoining properties affected and all esent and proposed buildings, location of all us structures and property lines, parking lay				
C]	One (1) set of a Variance) [One receive a certification any, changes a	One (1) set of applications as required by Section 3 (B) (Request for A, B, C or D Variance) [Once your application is received by the Planning and Zoning office you will receive a certified letter from the Director of Community Development outlining what, if any, changes are required. Application and escrow fee amounts and number of copies of applications and plans needed to be deemed complete will be outlined in said letter].					

SECTION 6 - COMPLETE APPLICATION

	an application has been deemed complete, the following items need to be addressed at least 10 rior to your meeting date.			
A]	"Notice" of all property owners within 200 feet via "Certified Mail – Return Receipt Requested"			
B]	Copy of notice to the official newspaper of the West Windsor Township Zoning Board of Adjustment (contact the Planning & Zoning Office for the name of the official newspaper)			
C]	Notification of State or County if proposed application borders State/County Road, or is within 200 feet of such roadway			
D]	Notification of adjoining County or Municipality if proposed application is located within 200 feet of the proposed application.			
	plete application requires the following submissions to the Planning/Zoning Office at least 3 days the scheduled meeting date.			
A]	Return receipts from Certified letters			
B]	Notarized Proof of Service			
C]	Proof of Publication (To be provided by the newspaper to which the notification was sent)			
D]	Person other than the owner makes a letter or power of attorney, in case appeal is made by person other than owner			
*****	***************************************			
SECII	ON 7 - VERIFICATION AND AUTHORIZATION			
A]	Applicant's Verification:			
	I hereby certify that the above statements made by me and the statements and information ned in the papers submitted in connection with this application are true. I am aware that if any of egoing statements are false, I am subject to punishment.			
	Applicant's Signature			
B]	Owner's Authorization:			
	I hereby certify that I reside at			
in the (County of and State of and that I am ner of all that certain lot, piece or parcel of land known as Block (s)			
Lot (s)	on the Tax Map of West Windsor, which is the subject of the above ation, and that said application is hereby authorized by me .			
applica	ation, and that said application is hereby authorized by me .			
Owner	's Name (PRINTED) Owner's Signature			
	's Telephone and Fax number			
J				

SECTION 8 ADDITIONAL ITEMS:

Applicants, please take note of the following additional procedural requirements:

- A] All certified lists of property owners with 200 feet of the proposed application must be requested in writing from the Planning/Zoning Office. A fee of \$10.00 or \$.25 per lot, whichever is greater, is required for this service.
- B] Any use or "D" variance application requires the recordation of the hearing by a certified court reporter in accordance with a Resolution passed by the Zoning Board of Adjustment on November 8, 1978. The cost of such reporter must be borne by the applicant.
- C] Any corporate applicant seeking relief from the Zoning Board of Adjustment must be represented by a New Jersey Attorney.
- D] Attached is a sample notice form for all properties located within 200 feet of the proposed application.
- E] Attached is a Proof of Service form to be filled out by all applicants.

PROOF OF SERVICE

STATE OF NEW JERSEY COUNTY OF MERCER

	_of full age, being duly sworr	n accord	ing to law,
deposes and says, that he/she resides at			
in the Township of	_in the County of		
and State ofth	at he/she is the applicant in p	proceedi	ng before the Zoning
Board of Adjustment, Township of West Windso	r being an application under	the Zoni	ing Ordinance, and
which relates to premises known as			
that he/she gave notice of this proceeding to ea	ch and all the owners of the	property	affected by said
application, in the manner provided by law on _	20	0	, A true copy of the
notice and the names and addresses of those s	o notified are attached to this	s affidavi	t.
Sworn to before me this			
day of 20			
	Applicant		

TOWNSHIP OF WEST WINDSOR ZONING BOARD OF ADJUSTMENT

Date:		
NOTICE OF HEARING ON APPEAL OR APPLICATION		
In accordance with the requirements of the Township of West Windsor Zoning Ordinance and Section 40:55D-12 of the Revised Statutes of the State of New Jersey, notice is hereby given that an application has been filed by the undersigned with the Secretary of the Zoning Board of Adjustment, and is available for examination.		
PLEASE TAKE NOTICE: That the undersigned has filed an appeal or application for development with the Zoning Board of Adjustment of the Township of West Windsor for a variance from the requirements of the Zoning Ordinance or other relief so as to permit		
on the premises located at		
and designated as Block Lot (s) on the West Windsor Township Tax Map.		
A public hearing has been set for		
Applicant		

o:\application forms\application to zba.doc