



Zoning Board of Adjustment

47 Broad Street
Eatontown, NJ 07724
Phone: (732) 389-7611
Fax: (732) 935-1822

ZONING BOARD OF ADJUSTMENT MEETINGS ARE TYPICALLY HELD THE 2ND MONDAY OF THE MONTH AT 7:00 PM IN THE COUNCIL ROOM IN BOROUGH HALL. BOARD DATES ARE LISTED ON THE BOROUGH WEB SITE, EATONTOWNNJ.COM.

The following items will be required before the Board may consider your Land Use Application or a hearing date is assigned:

1. A copy of the denial letter from the Zoning Officer
2. Completed Land Use Application for Variance and Affidavit of Ownership (all forms must be properly signed and notarized)
3. Tax Map showing property location.
4. Request for Certified 200 foot property owner list (including utility companies) issued by the Tax Assessor (cost \$10.00)
5. Completed **Notice to Property Owners**
6. Completed **Public Notice** for Newspaper
7. Sketch or survey showing proposed work
8. A Current Conditions Survey
9. Completed W-9 Form
10. Application Completeness Letter from the Board Secretary
11. Certification Letter from Tax Collector that taxes and assessments are current on the property.
12. Fees (as per applicable Zoning Ordinance)

Variance Fee _____ \$35/per variance request

Escrow Fee _____ (professional fees incurred as a result of your application)

Your application will be reviewed for administrative completeness and you will be notified by mail if any information including additional or revised plans are required. If the application is deemed complete, you will be given a hearing date and forms and instructions for legal notice. If you have any questions, please do not hesitate to call or email us.

Hearing Date: _____

1. **Proof of Publication in the Newspaper**
Public Notice must be published **not less than 10 days prior to the meeting date**, not counting the day of the meeting. Please call the Asbury Park Press at (732) 922-6000 and ask for the Legal Department to arrange for publication of this notice.

The original Affidavit of Publication must be submitted to the Planning and Zoning Department at least four days prior to the meeting date.

Must be published by: _____

2. **Copy of the listing of property owners within 200' of property**
A list of property owners and utility companies requiring **Notice** can be secured from the Tax Assessor's office for a \$10.00 fee. The request must be in writing and any questions regarding the list should be directed to the Assessor's Office at (732) 389-7609.

3. **Notice to Property Owners**
A copy of the **Notice to Property Owners** must be sent to all entries on the certified 200 ft list **not less than 10 days prior to the meeting date** and proof of receipt either the certified mail receipts (white cards) or the list of signatures (please see below) shall be submitted to the Planning and Zoning Department at least four days prior to the meeting date.

Must be mailed/noticed by: _____

If mailed – original certified mail receipt (white cards) must be submitted to the Planning and Zoning Department. Please be sure that the white receipts are stamped with the date of mailing by the Post Office and the property owner address is clearly written.

OR

If delivered in person – List showing to whom notice was delivered and date of delivery. Please note that a tenant or minor cannot sign a notice of delivery. The owner of the property must sign any notice of delivery. If the owner is unable to sign this notice, a certified letter must be sent. Person receiving notice must sign and indicate date of delivery.

All corporations must be represented by an attorney when presenting their application.

If the Board grants you approval, publication of the approval is required and the Affidavit of Publication must be submitted to the office. Permits will still be necessary from the Zoning Officer and Building Department. Appropriate fees will be required prior to issuance of these permits

If you should have any questions regarding the notice or filling out the forms, please contact the office at (732) 389-7617.



For Office Use Only

Case Number: _____	Meeting Date: _____
Site Plan Escrow: _____	Account Number: _____
Performance Guarantee: _____	Account Number: _____
Inspection Fee: _____	Account Number: _____

APPLICATION TO A LAND USE BOARD FOR DEVELOPMENT REVIEW

- Appeal for decision of Administrative Officer (N.J.S.A. 40:55D-70a)
- Variance Relief – Bulk Area (N.J.S.A. 40:55D-70c)
 - Residential Single Family Residential Multi-Family Non-Residential
- Variance Relief – Use (N.J.S.A. 40:55D-70d)
 - Residential Single Family Residential Multi-Family Non-Residential
- Conditional Use Permit (N.J.S.A. 40:55D-67)
- Subdivision Application Minor Preliminary Major Final Major
- Site Plan Application Minor Preliminary Major Final major
- Other:
 - Concept Meeting () Technical Review Committee ()

1.a. APPLICANT'S NAME:

(Proof of interest must accompany application) If application is a corporation, the Applicant is to list all persons owning 10% or more of the stock in the corporation in compliance with N.J.S.A. 40:55D-48.2

Interest of Applicant, other than owner: _____

Address: _____

Telephone: _____

Email: _____

b. Owner (of record) Name: _____

(Proof of ownership and affidavit granting permission to apply must accompany this application)

c. Site Planner's Name: _____

Address: _____

Telephone: _____

Names of all professionals representing application:

Attorney: _____

Engineer: _____

Planner: _____

Environmental: _____

Traffic: _____

Landscape Architect: _____

Surveyor: _____

d. Proposed Development Name: _____

e. Location of Development (Street Address): _____

Block: _____ Lot(s): _____ Tax Sheet(s): _____

f. General Description of Use: _____

g. General Description of Buildings: _____

h. Zone: _____

i. Total Site Area: _____ Acreage: _____ Square Feet: _____

j. Building Area: _____ Square Feet: _____

% Building Coverage of Land: _____

k. Parking Spaces Provided: _____ Width: _____ Length: _____

Drive Aisle: _____

l. Parking and Paved Area – Square Feet: _____

% of Land Coverage: _____

m. Open Green Area – Square Feet: _____

% of Land Coverage: _____

n. Buffer areas: _____

o. Variances Necessary to Use Site as Proposed (attach pages if necessary):

p. Date of Documents: _____ Revision Dates: _____

q. Total Cost of Building Construction and Site Improvements (affidavit of professional preparing site plan with costs must accompany this application): _____

r. Any Restrictions, Protective Covenants, etc: _____

2.a. One (1) hard copy of application.

b. ~~Twelve (12)~~ ^{SIX (6)} hard copies of plans and one (1) electronic copy of all plans and submitted documents (PDF format; CD, Flash Drive) of all Preliminary and Final Site Plans maps; for simultaneous action for preliminary and final subdivision approval; for conditional use approval; planned developments and for any N.J.S.A. 40:55D (c) or (d) variances; or request for a building permit in bed of mapped streets; for subdivision approval; minor addition under 40:55D70 (a) or (b) before the Board of Adjustment.

c. Appropriate fees for total improvements and plans for review as provided in Ordinance Fee Schedule Chapter 89-104 & 105: _____

3. Applications and documents will be reviewed and coordinated with the Municipal Engineer, Sewerage Authority, Environmental Commission or Shade Tree Commission, Police and Traffic Department, Fire Prevention Bureau, Health Department and other appropriate agencies.

4. Certification that taxes and assessments are current on the property.

CERTIFICATIONS:

I certify that the foregoing statements and the materials submitted are true. 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. In the event the Land Use Board is unable to have a duly constituted quorum on the date the application is to be heard or any subsequent meeting at which the application is to be heard the applicant does hereby consent to extend the time in which the Board has to act until the next regularly scheduled meeting at which a quorum is present.

I understand that the sum of \$ _____ has been deposited in an escrow account in accordance with Chapter 89-105 of the Code of the Borough of Eatontown. I further understand that the escrow account is established to cover the cost of professional services including, engineering, planning and legal and other expenses associated with the review of submitted materials regardless of the outcome. 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 additional amount and shall add the sum to the escrow account within fifteen (15) days and failure to do so will result in a summons.

(If the applicant is a corporation, an authorized corporate officer must sign this. If the applicant is a partnership, a general partner must sign this).

Sworn and subscribed to before me this _____ day of _____ 20 _____.

Signature: _____ Dated: _____

Printed Name: _____

.....
AUTHORIZATION BY THE OWNER OF THE PROPERTY AUTHORIZING NON-OWNER TO MAKE THIS APPLICATION AND FURTHER AUTHORIZING THE MEMBERS OF THE LAND USE BOARD AND THEIR STAFF TO CONDUCT AN INSPECTION OF PROPERTY.

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this 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 Officer of the Corporate Owner and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership Owner.

I hereby authorize members of the Land Use Board and their staff to conduct a site visit of the premises which are the subject of this application.

Sworn and subscribed to before me this _____ day of _____ 20 _____.

Signature of Owner _____ Dated: _____

Printed Name _____

Address: _____

Email: _____

Cell: _____

NOTE: If spaces on application are insufficient, include full explanation on separate sheet.
.....

ATTACHED HERETO AND MADE A PART OF THIS APPLICATION

I submit the Following:

Note: These papers, as applicable, must be submitted with application

- a) Copy of Building Application and/or a true copy of the decision of the Zoning Officer, together with plans of proposed building.
- b) TWO (2) Copies of a certified survey of the property; if a present building exists, the survey shall be certified "location survey", and clearly indicate such building thereon with all front, side and rear yard dimensions, together with "prevailing set-back" dimensions.
- c) TWO (2) Copies of a Plot Plan, (if a new building) and clearly indicate such building thereon with all front, side and rear yard dimensions, together with "prevailing set-back" dimensions.

AFFIDAVIT OF APPLICANT

STATE OF NEW JERSEY) ss.
COUNTY OF MONMOUTH)

_____ of full age, being duly sworn according to law, on oath deposes and says that all of the above statements and the statements contained in the papers submitted herewith are true.

Sworn to and subscribed

Before me this _____ day

Of _____, 20__

(Applicant to sign Here)

A Notary Public of the State of New Jersey

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY) ss.
COUNTY OF MONMOUTH)

_____ of full age, being duly sworn according to law, on oath deposes and says, that deponent resides at _____ in the (Borough)(City)(Town)(Township) of _____ in the County of _____ and the State of _____, that _____ is the owner in fee of all that certain lot, piece or parcel of land situated, lying, and being in the Borough of Eatontown aforesaid, and known and designated as Number _____.

Sworn to and subscribed

Before me this _____ day

Of _____, 20__

(Owner to sign Here)

A Notary Public of the State of New Jersey

AUTHORIZATION

(if anyone other than the above owner is making this application, the following authorization must be executed.)

To the Board of Adjustment or Planning Board:

_____ is hereby authorized to make the within application.

Dated:

(Owner to sign Here)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)									
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">[] [] [] - [] [] [] - [] [] [] []</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">[] [] [] [] - [] [] [] [] [] [] [] []</td> <td></td> </tr> </table>	Social security number		[] [] [] - [] [] [] - [] [] [] []		Employer identification number		[] [] [] [] - [] [] [] [] [] [] [] []	
Social security number									
[] [] [] - [] [] [] - [] [] [] []									
Employer identification number									
[] [] [] [] - [] [] [] [] [] [] [] []									
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.									

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Borough of Eatontown
Assessor's Office
47 Broad Street
Eatontown, NJ 07724
E-mail: taxa@eatontownnj.com

REQUEST FOR CERTIFIED LIST OF PROPERTY OWNERS
WITHIN 200 FEET

I hereby request a certified list of property owners within 200 feet of the below referenced property.

DATE: _____

PROPERTY ADDRESS: _____

BLOCK: _____

LOT: _____

QUALIFIER: _____

TO WHOM LIST IS TO BE SENT: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

I have submitted the \$10.00 fee as provided in N.J.S.A. 40:55D-12, if by check, made out to the Borough of Eatontown.

Signature of Requestor

Printed Name

\$10.00 Received by: _____ Check _____ Cash _____



Planning Board
Zoning Board
47 Broad Street
Eatontown, NJ 07724
pandz@eatontownnj.com
(732) 389-7611

Date: _____

Leigh Schenck
Certified Tax Collector
Borough of Eatontown

Pursuant to the Eatontown Zoning Ordinance, I hereby request a determination be made of outstanding taxes on the following property:

BLOCK: _____ LOT: _____

APPLICANT: _____

OWNER: _____

PROPERTY LOCATION: _____

Please indicate that taxes and assessments are current on the above referenced property.

Thank you,

Kathy Muscillo

Zoning Officer

Taxes on the above referenced property have been paid up to and including the -
_____ quarter for the year of _____.

Authorized Signature
Leigh Schenk, CTC

Public Notice

Public Notice is hereby given that _____
has made application to the Eatontown Planning / Zoning Board of Adjustment for a
variance to permit _____

in a _____ Zone on the premises designated as Block: _____ Lot: _____
also known as _____
and for site plan approval therefore.

A public hearing has been set down for _____, 20____, 7:00 p.m. in
Eatontown Borough Hall, 47 Broad Street, Eatontown, New Jersey and when the case is
called you may appear either in person, or by agent, or attorney, and present any
objections which you may have to the granting of the relief sought in the petition.

This notice is sent to you by the applicant. Documents and plans filed by the applicant
are available for inspection during regular business hours (Monday through Friday, 8:30
a.m. to 4:30 p.m., except holidays) in the Office of the Planning and Zoning Department,
2nd Floor in Borough Hall, 47 Broad Street, Eatontown, NJ 07724.

Please call 732-389-7611 to arrange for an inspection of the file(s) prior to arriving.

NOTE:

1. Publication of the above notice shall be arranged by the applicant in the Asbury Park Press. Said notice to be published no later than ten (10) days prior to the hearing date (not counting the day of the meeting).
2. If the applicant is approved, the applicant shall publish the decision in the above-mentioned newspaper.

