

BOROUGH OF POINT PLEASANT
Zoning Board of Adjustment
2233 Bridge Avenue
Point Pleasant, New Jersey 08742
· Fax: 732-899-2655
Email: Zonese secretary@ptboro.com
VARIANCE APPLICATION FORM

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See the Development Application Instructions & Filing Procedures for detailed instructions on completing this application. This application, together with the required fee, attachments and supporting documentation, must be filed with the Board Clerk not later than ten (10) days prior to your scheduled Board meeting date, or you will forfeit your hearing date.
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Dated Filed: _____ Application No.: _____

Fee: _____ Received _____
By: _____

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City, State, & Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email _____

If the Applicant is not the Property Owner, the PROPERTY OWNER AUTHORIZATION section must be completed. Applicant is:

Property Owner Tenant Contract Purchaser Other: _____

PROPERTY OWNER AUTHORIZATION. If the Applicant is not the property owner, provide the following information:

Property Owner Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Email _____

Individual Corporation Partnership Other: _____

If the Applicant is a corporation or partnership, the names and address of all stockholders or partners owning a 10% or greater percentage/interest in said corporation or partnership shall be set forth below in accordance with P.L 1977 Ch. 336:

	Name	Address	Percentage/Interest
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ATTORNEY NAME (if applicable):

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email _____

APPLICANT'S EXPERTS

ARCHITECT

Name: _____

Firm: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email _____

ENGINEER

Name: _____

Firm: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email _____

PROFESSIONAL PLANNER

Name: _____

Firm: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email _____

OTHER EXPERT (Traffic Experts, Radio Frequency Engineer)

Name: _____

Firm: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email _____

Application is hereby made for relief in accordance with either N.J.S.A. 40:55D(a), (b), (c) or (d) from Sections _____ of the Zoning Ordinance so as to permit: (Set forth the reasons why this application should be granted).

PROPOSAL INFORMATION

Summarize the proposed physical changes and use of the property.

PROPERTY INFORMATION

Street Address: _____

Block: _____ Lot: _____

Lot Dimensions (feet): _____ Lot Area (square feet): _____

Corner Lot: Yes No

Irregular Shaped Lot: Yes No

Undersized Lot: Yes NO

Zoning District: R-1 R-1A R-3 RM NC GC CM

TC W RM/POS Other _____

Number of Buildings (including garages and storage sheds): _____

Swimming Pool: Yes No

Other structures: _____

(All structures must be shown on the attached drawing, plan or survey).

Current Use, check all that apply:

Vacant
Single Family Residence
Multi-Family Residence
Number of Dwelling Units: _____
Commercial
Number of Units: _____
Total Gross Floor Area (square feet): _____
Hotel, Bed & Breakfast
Number of Dwelling Units (including efficiencies): _____
Number of Rooms: _____
Other, please specify: _____

Proposed Use: _____

Yes No Is the entire lot to be utilized for the purpose hereinafter set forth? If yes, please provide the dimensions of the portion of the lot to be utilized: _____

Yes No Does the proposal increase the present number of uses or dwelling units located on the property or within any building? _____

For each structure on the lot, what year was it constructed? _____

Please list the total proposed parking spaces (if applicable): _____

Yes No Have there been any previous appeals, requests or applications to this or any other Borough Boards or the Construction Official involving these premises? If yes, state the nature, date and the disposition of said matter and include a copy of the previous resolution, if applicable.

Yes No Are there any deed restrictions, covenants or easements that have been recorded affecting this property, except for utility easements? If so, copies of these must be attached.

Yes No Does the Applicant own any adjacent property?

Yes No Is any adjacent property vacant?

What are the EXCEPTIONAL conditions, as defined by N.J.S.A. 40:55D-70(c)(1) of property preventing applicant from meeting the Zoning Ordinances?

Set forth any and all special reasons as defined by the purposes of zoning pursuant to N.J.S.A. 40:55D-2, supporting the granting of the variances:

Supply a statement of facts showing why relief can be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of the Master Plan or Zoning Ordinance: _____

I certify that all property taxes have been paid through _____ on the premises.

Please attach a copy of any photograph or photographs, which may be utilized at the time of the hearing.

LOT INFORMATION

	Required/Allowed	Existing	Proposed
Lot Width (in feet)			
Lot Depth (in feet)			
Lot Area (in square feet)			

BUILDING INFORMATION (IF NOT A CORNER LOT)

	Required/Allowed	Existing	Proposed
Front Yard Setback (in feet)			
Rear Yard Setback (in feet)			
Side Yard Setback #1 (in feet)			
Side Yard Setback #2 (in feet)			
Building Height (in feet)			
Building Stories			
Impervious Coverage (*in percentage)			
Building Coverage (*in percentage)			

BUILDING INFORMATION (CORNER LOTS ONLY)

	Required/Allowed	Existing	Proposed
Front Yard Setback #1 (in feet)			
Front Yard Setback #2 (in feet)			
Side Yard Setback #1 (in feet)			
Rear Yard Setback (in feet)			
Building Height (in feet)			
Building Stories			
Impervious Coverage (*in percentage)			
Building Coverage (*in percentage)			

ACCESSORY STRUCTURE (IF APPLICABLE)

	Required/Allowed	Existing	Proposed
Front Yard Setback (in feet)			
Side Yard Setback #1 (in feet)			
Side Yard Setback #2 (in feet)			
Rear Yard Setback (in feet)			
Building Height (in feet)			

ON-SITE PARKING INFORMATION

	Required/Allowed	Existing	Proposed
Parking Spaces			

APPLICATION ATTACHMENTS Please check all items which are attached to the Application

Application Fee & Escrow Deposit

Application Fee: \$ _____ Escrow Fee: \$ _____

Architectural Elevations and Floor Plan

Certified Property Survey

Environmental Impact Report (Site Plan Applications)

Photos of Property

Plot Plan

PDF Submission of Application and Plans

Site Plan (Site Plan Applications)

Subdivision Plans

Tax Collector Certification

Zoning Officer Denial (For Variance Applications or Zoning Officer Appeal)

Subject to applicable penalties, I hereby certify that statements and information submitted with this application are true; all surveys, plot plans and drawings accurately reflect the current conditions of the subject property, and I am the owner of the property, which is the subject of the within application, and that said application is hereby authorized.

Date: _____

Signature of Property Owner or Authorized Agent

REVIEW FEE ESCROW AGREEMENT & APPLICANT CERTIFICATION

Subject to applicable penalties, it is hereby certified the foregoing statements and information with this application are true and that all surveys, plot plans and drawings accurately reflect the current conditions of the subject property. It is further certified the undersigned is the applicant, a general partner of a partnership applicant or an authorized agent of a corporate application.

CHECK IF APPLICABLE:

I hereby certify the plans and specifications which accompany this application were prepared by me, as I am acting as the designer of said building/alteration which is to be constructed by myself for my own occupancy or occupancy by my immediate family. The phrase "constructed by myself" does not mean that I intend to personally do the work but that I am the person undertaking the work as owner and principal.

In accordance with §19-20 (Schedule of Fees) of the Borough of Point Pleasant Land Use Ordinance, the applicant agrees to pay an amount equal to the fee(s) which the Zoning Board of Adjustment pays to a Professional Engineer or Planner to review the Development Application and agrees to pay an initial deposit and such other additional deposits as may be required to offset these special review costs by the Zoning Board of Adjustment. The Zoning Board of Adjustment shall not be required to process the application or take further action on the application until such additional deposits are made by the applicant. In the event that additional deposits requested by the Zoning Board of Adjustment remain unpaid for a period of sixty (60) days, this development application shall be deemed to be withdrawn and shall be dismissed without prejudice by the Zoning Board of Adjustment. In the event the fees imposed are not paid, any development approvals granted shall be considered null and void.

Sworn and subscribed before me
this ___ day of _____, 20

NOTARY PUBLIC

Signature of Applicant or Authorized Agent

STATE OF NEW JERSEY