TOWNSHIP OF GLOUCESTER

Chews-Landing Clementon Road at Hider Lane P.O. Box 8 Blackwood, NJ 08012 (856) 374-3511 Planning (856) 374-3512 Zoning (856) 232-6229

For Office Use Only											
<u> </u>					<u></u>	Taxes Paid Yes/No(Initial)					
Submission Date¹: Application №.:											
Dlans	ina Doord					Fees	Project #				
□ Plann	ing Board [Zoning Bo	aru or Aujustri	пепі							
¹ Upon receipt of	all fees, documents,						Escr.#				
LAND DEVELOPMENT APPLICATION											
1. Applicant					vner(s) (List a	ll Owners)					
Name:				Name(s):							
				Addre							
City:				Address:							
				City:							
	Fax:(_			City:							
				State, Zip:							
Email:					Phone:()Fax:()						
3. Type of Application. Check as many as apply:											
☐ Informal Rev	riew ²			☐ Planned Development ²							
☐ Minor Subdiv	vision			☐ Interpretation ²							
☐ Preliminary Major Subdivision ²				☐ Appeal of Administrative Officer's Decision							
☐ Final Major Subdivision				☐ Bulk "C" Variance ²							
☐ Minor Site Plan				☐ Use "D" Variance ²							
☐ Preliminary Major Site Plan ²				☐ Site Plan Waiver							
☐ Final Major Site Plan				☐ Rezoning Request							
☐ Conditional Use Approval ²				☐ Redevelopment Agreement							
☐ General Dev	☐ General Development Plan ² ☐										
² Legal advertisem	nent and notice is req	uired to all property	owners within 20	00 feet.							
4. Zoning Districts (Circle all Zones that apply)											
ER	R4	GCR	CR		BP	G-RD	LP-1				
R1	RA	BWD	NC		IN	M-RD	NVBP				
R2	APT	OR	HC		PR	BW-RD	SCR-HC Overlay				
R3	SCR	OF	GI		FP	L-RD	NVSCR Overlay IR				
5. The follow	ving applicants	s are required	to be repre	sent	ed by a New J	lersey Attorne					
5. The following applicants are required to be represented by a New Jersey Attorney: Corporation, Partnership, Limited Liability Corporation and Limited Liability Partnership											
				Firm:							
Name of Attorney:				State, Zip:							
Address:				Phone: (
City:				Email:							

6. Name of Persons Preparing Plans and Reports:						
Name:	Name:					
Address:	Address:					
Profession:	Profession:					
City:	City:					
State, Zip:	State, Zip:					
Phone:()Fax:()	Phone:(Fax:()					
Email:	Email:					
7. Location of Property:						
Street Address: Block(s):						
Tract Area:	Lot(s):					
8. Land Use:						
Proposed Land Use (Describe Application):						
9. Property:						
Number of Existing Lots: Number of Proposed Lots:	Proposed Form of Ownership: □ Fee Simple □ Cooperative □ Condominium □ Rental					
Are there existing deed restrictions?	□ No □ Yes (If yes, attach copies)					
Are there <i>proposed</i> deed restrictions?	□ No □ Yes					
10. Utilities: (Check those that apply.)						
□ Public Water □ Public Sewer □ P	rivate Well Private Septic System					
11. List of Application Submission Materials:						
List all additional materials on an additional sheet.						
12. List Previous or Pending Applications for this Parcel:						
List all applications on a separate sheet.						

13. Zoning						
All Applications	Proposed	Fence Application	Proposed			
Front setback 1		Setback from E.O.P.*1				
Front setback 2		Setback from E.O.P.*2				
Rear setback		Fence type				
Side setback 1		Fence height				
Side setback 2		*E.O.P. = Edge Of Pavement.				
Lot frontage		Pool Requirements				
Lot depth		Setback from R.O.W.1				
Lot area		Setback from R.O.W.2				
Building height		Setback from property line 1				
		Setback from property line 2				
		Distance from dwelling				
		Distance = measured from edge of water.				
		R.O.W. = Right-of-way. Setback = Measured from edge of pool apron.				
Garage Application		Shed Requirements	_			
Garage Area		Shed area				
Garage height		Shed height				
Number of garages		Setback from R.O.W.1				
(Include attached garage if applicable)		Setback from R.O.W.2				
Number of stories		Setback from property line 1				
Trainiber of dioffice		Setback from property line 2				
44 Parking and Loading Paggingness		Constant non-property mile 2				
14. Parking and Loading Requireme Number of parking spaces required:		lumber of parking spaces provided:				
. •						
Number of loading spaces required:	N	lumber of loading spaces provided:				
15. Relief Requested:						
☐ Check here if zoning variances are requ	iired.					
☐ Check here if exceptions to the application or municipal requirements are requested (N.J.S.A. 40:55D-51).						
☐ Check here if exceptions to the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.1) are requested.						
□ Check here if waivers from the Residen	tial Site Improve	ment Standards (RSIS, N.J.A.C, 5:21-	3.2) are requested.			
☐ Check here if waivers from the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.2) are requested. [Such waivers require application to, and approval of the N.J. Site Improvement Advisory Board].						
NOTE: If any of above are required, atta			relief sought,			
stating the factual basis, legal theory, and whether they have been previously granted.						
16. Signature of Applicant						
						
Signature of Applicant		Date				
Signature of Co-applicant						

17. Consent of Owner(s):						
I, the undersigned, being the owner(s) of the lot or tract det this application and the approval of the plans submitted he connection with this application as deemed necessary by the a resolution authorizing application and officer signature.	rewith. I further consent to the inspection he municipal agency. (If owned by a c	on of this property in				
Signa	ture.					
	iture					
Date						
Sworn and Subscribed to before me this	Name					
day of, Signa						
(Year).						
	News					
	Name					
18. Disclosure Statement (Pursuant to N.J.S.A. 40	::55D-48.1 and 48.2):					
Complete each of the following sections: A. Is this application to subdivide a parcel of land into B. Is this application for a variance to construct a multiple C. Is this application for approval on a site or sites for D. Is the applicant a corporation? E. Is the applicant a limited liability corporation? F. Is the applicant a partnership? IF YES TO ANY OF THE ABOVE: 1. List the names and addresses of all stockholders of the case may be. (Use additional sheets as need as the case may be. (Use additional sheets as need 2. Does a corporation or partnership own 10 percent corporation or partnership? IF YES: List the names and addresses of the stockholders percent or more of the stock or 10 percent or great case may be. This requirement is to be followed by partnership, until the names and addresses of the individual partners with 10 percent or more owners additional sheets as necessary).	 No					
Signature of Applicant	Date					
Print Name						
19. Survey waiver certification:						
As of the date of this application, I hereby certify that the survey submitted with this application, under the date of, shows and discloses the premises in its entirety, described as Block Lot; and I further certify that no buildings, fences or other facilities have been constructed, installed or otherwise located on the premises after the date of the survey with the exception of the structures shown.						
State of New Jersey, Sworn and subscribed to						
County of Camden:	,					
of full age, being duly sworn to law, on oath and says that all of the above statement herein is true.	On this day of 20 before the following authorit	y.				
Name of property owner or applicant	Notary public					
i or proporty ournor or apprount						