CITY OF ESTELL MANOR
148 Cumberland Avenue
Estell Manor, New Jersey 08319

Estell Manor Planning Board Application

This portion is to be completed by City staff only

Date Filed: _____ Application No.: _____

Application Fee: _____ Escrow Fee: _____

Date Deemed Complete: _____ Hearing Date: _____

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1. APPLICANT'S NAME AND ADDRESS*

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail (optional): _____

Applicant is a: Corporation _____ Partnership _____ Individual _____

Limited Liability Company _____ Limited Liability Partnership _____

2. SUBJECT PROPERTY

Address: _____

Block: _____ Lot(s): _____

Dimensions: _____ Frontage: _____ Lot Depth: _____

Total Lot Area: _____ Zoning District: _____

3. PROPERTY OWNER'S NAME AND ADDRESS*

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

If Applicant is not the Property Owner, state legal relationship and attach proof.

[ ] Holder of contract to purchase—attach copy of contract
[ ] Other_____, attach proof of authorization by owner

4. **DISCLOSURE STATEMENT** (To be completed for corporate or partnerships only) *

Pursuant to *N.J.S.A* 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with *N.J.S.A.* 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding 10% ownership criterion have been disclosed.

Attach additional pages as necessary.

A. Name_____
Address_____
Interest_____

B. Name_____
Address_____
Interest_____

5. **PROPERTY INFORMATION**

Restrictions, covenants, easements, association bylaws, existing or proposed on the property:

Yes (attach copies) No Proposed

NOTE: All deed restrictions, covenants, easements, association by-laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

Indicate the number of principal use buildings by type currently on this parcel:

[ ] Single Family [ ] Duplex [ ] Multi-Family: Total # units _____

[ ] Business, total # Businesses ____[ ] Motel/Hotel [ ] Other_____

[ ] None

Accessory Uses: Indicate number and use of accessory buildings: _____
_____

Present use of the premises: _____

_____

_____

_____

Proposed use of the premises: _____

_____

_____

_____

6. APPLICANT'S PROFESSIONALS

Applicant's Attorney: _____
Address: _____
Email: _____
Telephone Number: _____
Fax Number: _____

Applicant's Engineer: _____
Address: _____
Email: _____
Telephone Number: _____
Fax Number: _____

Applicant's Architect: _____
Address: _____
Email: _____
Telephone Number: _____
Fax Number: _____

Applicant's Planning Consultant: _____
Address: _____
Email: _____
Telephone Number: _____
Fax Number: _____

List any other expert who will submit a report or who will testify for the Applicant: Attach additional sheets as may be necessary.

Name: _____
Field of Expertise: _____
Address: _____
Email: _____
Telephone Number: _____
FAX Number: _____

7. **TYPE OF APPLICATION. Check all that apply. Complete and attach supplemental application sheets as necessary/indicated.**

SUBDIVISION:

Minor Subdivision approval _____
(Preliminary) Subdivision Approval _____
(Final Subdivision Approval _____
Number of lots to be created _____
Number of proposed dwelling units _____

Have any proposed new lots been reviewed with the Tax Assessor to confirm Block and Lot Numbers and property addresses? _____

Is the Subdivision to be recorded by Deed or Plat? _____

SITE PLAN:

Minor Site Plan approval _____
Preliminary Site Plan Approval _____ (Phases if applicable)_____
Final Site Plan Approval _____ (Phases if applicable)_____
Area to be disturbed (square feet) _____
_____

Total number of proposed dwelling units_____
Request for Waiver from Site Plan Review and approval_____
Reason for request: _____

Informal Concept Review _____
Appeal decision of an Administrative Officer (N.J.S.A. 40:55D-70(a))_____
Map or Ordinance Interpretation (N.J.S.A. 40:55D-70(b))_____
Variance Relief (hardship) (N.J.S.A. 40:55D-70(c)(1))_____
Variance Relief (substantial benefit) (N.J.S.A. 40:55D-70(c)(2))_____
Variance Relief (use) (N.J.S.A. 40:55D-70(d))_____
Conditional Use Approval (N.J.S.A. 40:55D-67)_____
Extension of prior Approvals (N.J.S.A. 40:55D-52)_____
Drainage way, or flood control basin (N.J.S.A. 40:55D-34)_____
Direct issuance of a permit for a lot lacking street frontage (N.J.S.A. 40:55D-35)_____

Pursuant to N.J.S.A. 40:55D-72, appellant must file a notice of appeal with the officer from whom the appeal is taken within twenty (20) days of the decision or action of that officer that you are appealing.

8. **If you seeking appeal of an Administrative Officer Decision, state specifically the action/decision you are appealing, the basis for your appeal, and the specific action you are requesting of the Board. Attach additional pages as necessary.** _____

_____

_____

_____

_____

_____

9. **If you are seeking variance relief, briefly describe what you are proposing to build new, or what you are proposing to alter or expand on existing structures; or that for which you are requesting variance to retain modifications already made without variance approval.** _____

_____

_____

_____

_____

_____

10. Section(s) of Ordinance from which a Variance is requested: _____

_____

_____

_____

_____

_____

_____

11. Specific Variance Relief Requested (Check all that apply):

Section "C" Variances*
N.J.S.A.40:55D-70©

[ ] Lot area
[ ] Lot width or depth
[ ] Front yard setback
[ ] Side yard setback
[ ] Combined side yard setback
[ ] Rear yard setback
[ ] Jog in the Wall
[ ] Building coverage
[ ] Lot coverage
[ ] OTHER _____

Section "D" Variances**
N.J.S.A.40:55D-70(d)

[ ] Use not permitted in the Zone – D(1)
(or continuation of nonconforming use)
[ ] Expansion of nonconforming use – D(2)
[ ] Deviation from conditional use – D(3)
[ ] Floor area ratio – D(4)
[ ] Density – D(5)
[ ] Building height – D(6)

12. Waivers requested of development standard and/or submission requirements: _____

_____

_____

_____

_____

_____

_____

13. Supply the following information concerning this Application. If more than one Principal or Accessory building is involved, attach additional sheets and provide the following information for each.

	EXISTING CONDITION	REQUIRED BY ORDINANCE	PROPOSED	VARIANCE REQUIRED YES/NO
LOT SIZE				
Lot Area				
Lot Frontage				
Lot Width				
Lot Depth				
PRINCIPAL BUILDING				
Side Yard (each)				
Side Yard Total				
Front Yard				
Rear Yard				
Building Height				
ACCESSORY BUILDING				
Setback -property line				
Distance to front building				
Accessory Bldg. Height				
COVERAGE				
Building Coverage(%)				
Lot Coverage (%)				

OTHER

Curb Cut	_____	_____	_____	_____
Parking	_____	_____	_____	_____
HVAC	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

14. Provide a detailed narrative outlining the exact nature of the Application and provide justification for the relief sought in connection with same. The narrative shall address positive and negative criteria where applicable.

15. Are any off-tract improvements proposed? _____

16. OTHER APPROVALS WHICH MAY BE REQUIRED AND DATE PLANS SUBMITTED

	Yes	No	Date Plans Submitted
Atlantic County Municipal Utilities Authority	_____	_____	_____
Atlantic County Health Department	_____	_____	_____
Atlantic County Planning Board	_____	_____	_____
Cape/Atlantic Soil Conservation district	_____	_____	_____
NJ Department of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Development Permit	_____	_____	_____
Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Pinelands Commission	_____	_____	_____

Provide proof of filing to the Board Secretary ten days prior to Planning Board hearing

17. STATE WHETHER THE FOLLOWING HAVE BEEN PAID UP THROUGH AND INCLUDING THE LAST PERIOD FOR WHICH THE INSTALLMENT WAS DUE:

Real Estate Taxes:	____yes	____no
Sewer Assessments:	____yes	____no
Mercantile License(s) (if applicable):	____yes	____no

Submit a copy of proof of payment for taxes and sewer on this property. If applicable to the rental or to the use of this property, submit a copy of your mercantile license.

submit copies of each to Board Secretary no later than seven days in advance of hearing.

18. List of Maps, Reports and other materials accompanying the application:

It is the responsibility of the applicant to mail or deliver copies of the application form and all supporting documents to the Board Secretary. The documentation must be received by the professional staff at least ten (10) business days prior to the meeting at which the application is to be considered, otherwise the application will be deemed incomplete. A list of the professional staff is attached to the application form.

Quantity	Description of Item
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The notice must specify the sections of the Ordinance from which relief is sought, if applicable. The publication and the service on the affected owners must be accomplished at least ten (10) days prior to the date scheduled by the administrative officer for the hearing.

20. The Applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the applicant's professionals. Specify which reports are requested for each of the applicant's professionals or whether all reports should be submitted to the professional listed.

	Reports Requested
Attorney:_____	_____
Engineer:_____	_____
Planner:_____	_____
Architect:_____	_____

21. CERTIFICATION.

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 authorized officer of the corporate applicant, or a general partner of the partnership applicant, authorized to sign this application. If the applicant is a corporation than an authorized corporate officer must sign this certification. If the applicant is a partnership, a general partner must sign this certification.

Dated_____ _____

Applicant's Signature

VERIFICATION OF APPLICATION
(IF APPLICANT IS OWNER)

STATE OF NEW JERSEY:

ss

COUNTY OF ATLANTIC:

_____, being of full age and duly sworn according to law, upon his/her oath, deposes and says that the information set forth in the application form, survey and related documents submitted in connection with this application is true and correct and that they accurately portray the proposed project for which Planning Board approvals are sought.

_____

Applicant's Signature

Sworn and subscribed to before me
this _____day of _____,20__.

_____

Notary Public
Commission Expires_____

CONSENT TO APPLICATION BY OWNER OF PREMISES
(IF APPLICANT IS NOT OWNER)

I hereby consent to the application submitted to the Estell Manor Planning Board with regard to the premises referred to in this application, which premises is owned by me. Further, I agree to be bound by the following:

1. The application as submitted to the Board

2. Representations made by the applicant as contained in the application and any and all documents submitted with the application or submitted at the hearing on the matter.

3. All representations made by the applicant to the Board at the hearing on the matter.

4. All agreements made by the applicant with regard to any and all requirements of the Board and any and all conditions of approval imposed by the Board.

STATE OF NEW JERSEY:

ss

COUNTY OF ATLANTIC:

_____
Owner's Signature

Sworn and subscribed to before me
this _____day of _____,20__.

_____
Notary Public
Commission Expires_____

Note: A corporate applicant and/or owner certification must be signed by a fully authorized corporate officer and the seal of the corporation must be affixed. For partnership applicants and/or owners, this certification must be signed by a general partner, and he/she must be designated as such by notation beneath his signature.

ESTELL MANOR PLANNING BOARD
SURVEY/PLAN/PLAT AFFIDAVIT

STATE OF NEW JERSEY :
ss
COUNTY OF ATLANTIC :

_____being duly sworn according to law, upon his oath deposes and says:

1. I am the owner of the property known and identified as Block _____, Lot(s) _____ or I am the Applicant for development in this matter.

2. The attached signed survey (with seal) prepared by _____ and dated _____, 20____, accurately reflects the physical condition of the property as of the date of this affidavit and there have been no changes or alterations to the property since the date of this survey.

3. The attached plan/plat prepared by _____ and dated _____ , 20_____, accurately represents the proposed plan, as referenced in this application.

4. I make this affidavit in support of an application for development before the Estell Manor Planning Board and understand that said Board shall rely on the current accuracy of the said survey/plan/plat in considering the application for development of the property.

_____
Signature of Owner/Applicant

NOTE: The survey submitted with an application must accurately reflect the physical condition of the property as it exists today and be dated within two (2) years of the date of the application to the Board. The above affidavit covers the time period from the date of the survey submitted to the Board to the date of the Board application. If there have been changes to the premises, the Board may require a current survey.

Sworn and subscribed to
Before me this _____
Day of _____, 20__

_____
Notary Public
My commission expires _____

City of Estell Manor
Revised Chart – 06/06/12
Schedule of Fees and Deposits
Planning/Zoning Board

Type	Application Fees	Escrow Fees	
		Attorney	Engineer
Minor Subdivision♦	$150	$500	$750
Major Subdivision♦			
- Preliminary	$400 plus $25/Lot	$1,500	$4,000
- Final	$400 plus $25/Lot	$500	$500
Tax Map Revision	$150 per each new lot created		
Site Plan (Minor)	$400	$500	$1,500
Site Plan (Major)			
- Commercial	$500	$750.00	$3,000
- Residential	$500	$500	$4,000
Hardship Variance	$300	$650	$500
Use Variance	$400	$750	$1000
Conditional Use Permit	$300	$500	$500
Appeals and Interpretations	$300	$500	$500
Re-Hearings	$100	$500**	$500**
Informal Review	$150*	$100	$100

*Credit toward application fee for formal review pursuant to N.J.S.A. 40:55D-10.1

** Escrow fees are refunded if request for re-hearing is denied.

♦ This application is subject to the Tax Map Revision Fees, which are refunded should the application be denied. A separate check is required.

APPLICATION (or REINSTATEMENT) FEE AND ESCROW DEPOSIT

Applicant's Name (or applicant attorney): _____

Applicant's Mailing Address: _____

Subject Property Address: _____

Subject Property Block_____ Lot(s)_____

Application Fee $_____

Escrow Fee $_____ (partial waiver applied)

Reinstatement Fee -- $

The application fee and escrow fee must be submitted in separate checks payable to City of Estell Manor. The Planning Board Secretary will forward both checks to the City's Financial Officer. The application fee will be deposited in the City's general checking account. The escrow fee shall be deposited into a separate escrow account maintained by the City/Planning Board.

Said escrow funds shall be used to pay the fees for professional services employed to assist the Planning Board in the review of the application and to provide testimony at application hearings, if required. Additional funds may be required when the original amount is depleted by 60% and the application is still in progress. Professional fee expenses shall be billed through the City's voucher system and approved for payment by the Governing Body. Any unused escrow funds remaining in the escrow account upon Board adoption of the memorializing resolution shall be returned to the applicant provided the applicant applies to the Board within two years after public notice of said memorializing resolution.

_____ _____

Applicant Signature Date

PROOF OF PAID TAXES AND SEWER ASSESSMENTS

This form must be submitted to the City of Estell Manor Tax Collector, 148 Cumberland Avenue, Estell Manor, NJ 08319. It will be completed and returned to you. Regardless of method of delivery, the Planning Board Secretary **must receive proof no later than one week prior to the scheduled hearing date.**

To be completed by and returned to Applicant/Applicant's Attorney or directed to Board Secretary through inter-office mail.

Applicant's Name and Address: _____

_____

_____

Property Owner's Name and Address: _____

_____

_____

Location of Subject Property of Application:

Street Address: _____

Block & Lot: Block _____ Lot(s) _____

To be completed by Office of the Tax Collector:

TAXES:

_____Taxes are current and paid through quarter ending _____, 20_____.

_____Taxes are delinquent in the amount of $ _____ as of _____.

SEWER:

_____Sewer assessments are current and paid through _____, 20_____.

_____Sewer assessments are delinquent in the amount of $_____

_____ _____

Date Signature- Tax Collection Office

City of Estell Manor
Tax Assessor
148 Cumberland Avenue
Estell Manor, NJ 08319
(609) 476-3132
Taxassessor@estellmanor.org

Date: _____

Dear Tax Assessor,

In compliance with the provisions of the Municipal Land Use Law, P.L., 1975 Chapter 291, I hereby request a Certified List of property owners list within a 200 ft. radius.

Block(s) _____

Lot(s) _____

Location of property: _____

Enclosed is the $10.00 required for the said list

_____
Applicant's name (please print)

Address_____

_____
Phone number

Please note the Municipal Land Use Law allows the 7 days to produce said list. Please allow ample time for filing deadlines with Boards.

NOTICE TO BE PUBLISHED IN OFFICIAL NEWSPAPER

TAKE NOTICE that on_____, 20____ at 7:00PM, a hearing will be conducted before the Estell Manor Planning Board at City Hall, 148 Cumberland Avenue, Estell Manor, NJ 08319, on the appeal or application of the undersigned for a variance or other relief so as to permit:

on the premises located at _____ and designated as Block _____, Lot(s) _____, on the Tax Map of the City of Estell Manor.

The section citations and titles of the City Ordinances for which relief is sought are as follows:

All maps and documents relating to this application may be examined at Estell Manor City Hall, 148 Cumberland Avenue, Estell Manor, NJ 08319, during normal business hours. Access to the building and files can be obtained by contacting the City Clerk at (609) 476-2692.

Any interested party may appear at said hearing and participate therein in accordance with N.J.S.A.40:55D-11.

_____
Applicant Name(s)

_____
Publication Date

NOTICE TO NEIGHBORING PROPERTY OWNERS OF PUBLIC HEARING

TO:

PLEASE TAKE NOTICE THAT THE UNDERSIGNED NEIGHBORING PROPERTY OWNER HAS FILED AN APPLICATION WITH THE PLANNING BOARD, CITY OF ESTELL MANOR SO AS TO PERMIT:

The subject property is located at _____, Block ____, Lot(s)_____, on the Tax Map of the City of Estell Manor. This notice is being sent to you as an owner of property in the immediate vicinity. A Board hearing has been scheduled for _____, 20__ at 7:00 PM at City Hall, 148 Cumberland Avenue, Estell Manor, NJ 08319. An open public hearing will be conducted and any person or persons may appear and present testimony regarding the granting of the relief sought in accordance with N.J.S.A. 40:55-11 and the rules of the Planning Board. The sections citations from the *Code Book of the City of Estell Manor* for which variance relief is being sought are as follows:

All maps or documents relating to this application may be examined in City Hall, 148 Cumberland Avenue, Estell Manor, NJ 08319, during normal business hours.

_____

Applicant Name(s)

_____

Date of Property Owner Notice

AFFIDAVIT OF SERVICE AND PUBLICATION

STATE OF NEW JERSEY:

ss

COUNTY OF ATLANTIC:

Applicant Name(s): _____

Subject Property Address: _____

Block: _____ Lot(s) _____

(Applicant)_____ of full age, being duly sworn according to law, on his/her oath, deposes and says:

1. that he/she resides at _____;
2. that he/she is the applicant or applicant's attorney in this matter in which the City of Estell Manor Planning Board shall conduct a hearing;
3. that he/she on _____, 20___, **at least ten days prior to the hearing**, gave notice to all property owners within 200 feet of the subject property and all other persons whose names appeared on the certified list obtained from the Tax Assessor's office, City of Estell Manor, and as listed on the Planning Board's application instructions;
4. that notice was given either by personal service of a notice on the property owner or by sending the notice by certified mail as noted on the attached list of persons served. Certified mail receipts showing the mailing of notice to the interested parties are attached. Acknowledgement of service from persons personally served is attached.
5. that a copy of the notice so served is attached hereto and made a part hereof;
6. that the notice was also published in the official newspaper of the municipality on _____ _____, 20___. Attached hereto and made a part hereof is a Proof of Publication received from the official newspaper of Estell Manor;
7. that also attached hereto and made a part hereof is the original certified list (received from the Tax Assessor) of all property owners and other parties to whom notice was required to be sent, showing the names and addresses of the persons served and the lot and block numbers of each person's property as same appears on the current Estell Manor tax duplicate.

NOTE: All of the required proofs must be supplied to the Planning Board Secretary **no less than five business days** prior to the date of the meeting at which the hearing is to be held.

Sworn and subscribed to
Before me this _____
day of _____, 20___

_____
Signature of Applicant

_____
Notary Public
My commission expires _____

CONSENT TO CONTINUANCE OF HEARING WITH TIME WAIVER

RE: _____ Block _____ Lot(s) _____
(address of subject property)

The undersigned, applicant in the matter pending before the Estell Manor Planning Board, hereby consents to the continuance of the hearing relative to the above-captioned property and waives any and all requirements that the Planning Board act on the complete application within a specified time.

Check one:

[ ] hearing continued indefinitely

[ ] hearing continued until Board meeting scheduled for

_____, 20_____ at _____AM/PM
(date of continued hearing) (time)

_____
Signature of Applicant or Applicant's Attorney

Date _____

REQUEST FOR RETURN OF UNUSED ESCROW FUNDS

Applicant Name(s): _____

Subject Property: _____

I hereby request return of unused funds from the escrow fee that was submitted for deposit with my application to the Planning Board. This application was considered by the Board on _____ _____, 20___. I have received a copy of the Board resolution in this regard.

Please make the check payable to: _____

Please mail the check to : _____

_____

_____

_____ _____

Applicant Signature (Date)

****PLEASE NOTE****

IF the party that submitted the original escrow deposit is different than the party requesting the return of unused escrow funds, please have the former sign below to grant consent to have the return payable to the applicant (or their representative).

_____ _____

Applicant Signature (Date)

For Board Use Only

Date Received:
Board Resolution Number:
Date of Adoption:
Date Forwarded to Financial Officer: