

APPLICATION FOR ACTION BY PLANNING BOARD

MARGATE, NEW JERSEY

PLEASE
TYPE OR
PRINT

1. **Date of Application:** _____

2. **Zoning District:**

S-60	Single Family Residential	MF	Multi-Family Residential
S-60-WF	Single- Family Residential	CBD	Central Business District
S-50	Single Family Residential	C-1	Commercial
S-40	Single Family Residential	C-2	Commercial/Business
S-40-WF	Single-Family Residential	WSD	Waterfront Special District
S-30	Single Family Residential	R	Riparian
S-25	Single Family Residential	WAPC	Washington Avenue Pedestrian Corr.
S-25 (HD)	Historic Single Family Residential	WSPA	Government and Open Space
TF	Two-Family Residential	I	Institutional Use
B	Beach		

3. **Subject Parcel:**

Street Address(es) _____

Block Number _____ Lot No(s) _____

Total Area (in square feet) _____

Frontage: _____

Depth: _____

4. **Information about the Applicant:**

Full name(s) _____

If Business Entity, Names of Officers or Principals (Submit disclosure statement if appropriate)

Local Residence Address _____ Zip _____

Other Residence Address _____ Zip _____

Business Address _____ Zip _____

Phone Number(s) (include area code); _____

Email Address _____

Business _____ Fax _____ Cell Phone _____

5. Interest in Subject Property:

(Supply copies of relevant documents with this Application):

- By lease dated _____
- By Agreement of Sale dated _____
- By Ownership of property since _____
- By other interest in law (describe):

6. If you do not own the Subject Property, provide the following regarding the Owner:

- Name(s) _____
- Address _____
- Phone No. (include area code);
Res. _____
Bus. _____
Fax _____
Cell _____

7. Type of Application Applied For (check all applicable):

- | | | |
|---|---|--|
| <input type="checkbox"/> C Variance(s) | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Interpretation (B Variance) |
| <input type="checkbox"/> D Variance(s) | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Other (Explain)
_____ |
| <input type="checkbox"/> Minor Site Plan Action | <input type="checkbox"/> Conditional Use Permit | _____ |
| <input type="checkbox"/> Major Site Plan Action | <input type="checkbox"/> Appeal (A) | _____ |

8. Application Made To: Planning Board Other

9. Professionals Representing the Applicant: (Check applicable professional and provide information)

- Attorney: Name _____ Phone _____
Address _____
Fax _____ Cell _____ Email _____
- Architect: Name _____ Phone _____
Address _____
Fax _____ Cell _____ Email _____
- Engineer: Name _____ Phone _____
Address _____
Fax _____ Cell _____ Email _____
- Preparer of Subdivision or Site Plan (if different from above)
Name _____ Phone _____
Address _____
Fax _____ Cell _____

(Be sure to include all area codes and zip codes in the above)

10. If Site Plan Action is Required:

-What is the present use of the site and building(s)?

-How will this be changed?

11. If Subdivision Action is Required:

-After conferring with the City Tax Assessor, provide lot numbers of new lot(s), dimensions, and area of each: (use extra pages, if necessary)

Lot No(s)	Dimension(s)	Area(s)
_____	_____ x _____	_____ S.F.
_____	_____ x _____	_____ S.F.
_____	_____ x _____	_____ S.F.

-Purpose of the Subdivision

- To sell lot(s)
- To build and sell homes (or other buildings)
- Other (please explain): _____

12. If Variances are Required:

(Note: Properly scaled site plan must show all dimensions relevant to variance analysis)

-Current use of lot(s) and building(s): _____

-Proposed use: _____

-If a "D" or "Use" Variance is required, please explain: _____

-Regarding any dimensional variances required, please fill out the following chart:

Variance	Requirement of District	Present Condition	Proposed Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Prior Action: Please detail any prior hearing and/or decision relevant to this application. Supply date, name of Board, and results. (IF YOU ARE NOT SURE PLEASE CHECK WITH EITHER BOARD ADMINISTRATOR.) If no prior action, write "none".

14. County and Other Agency Actions (Provide necessary dates and decisions):

Site Plan:

Subdivision:

Other:

15. Space for Narrative: In this space you must provide a general narrative description of what is being proposed, as well as any information not otherwise set forth above which may be relevant to the application, including justifications, clarifications and extenuating circumstances. FAILURE TO PROPERLY COMPLETE THIS SPACE WILL CONSTITUTE AN INCOMPLETE APPLICATION.

16. Signature of Applicant(s):

_____ Date _____
_____ Date _____

17. This space for Board Administrator:

-Staff Committee action took place
_____ and case assigned to
the Planning Board for _____ or

-This application received by the
Planning Board Administrator on

By: _____

18. Notarized Statement by Applicant:

State of New Jersey } ss.

County of Atlantic }

_____, being duly
sworn according to law, deposes and says, that
the statements contained in the above application
and the statements contained in the papers
submitted herewith are true.

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

Corporate Disclosure Form

(Corporation Name)

IN THE MATTER OF THE: MARGATE CITY PLANNING BOARD

APPLICATION OF _____
(print applicant name)

Property Location

Block () Lot () _____ _____

_____, of full age, hereby certified the following factual information:
(print applicant name)

1. I am authorized to file this Certification on behalf of _____ the
(print corporation name)
owner of the property, which is the subject of this application.

2. _____ is a _____ corporation organized
(print corporation name) *(style of)*
pursuant to the laws of the State of _____.

3. The names and addresses of all persons having a 10% or greater ownership Interest in
_____ are as follows:
(print corporation name)
 - a. _____
 - b. _____
 - c. _____

4. There are no other persons or entities having a 10% or greater interest in

(print corporation name)

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(signature) _____
(print name) _____
(title)

Dated: ()