

BOROUGH OF WEST WILDWOOD PLANNING/ZONING BOARD
701 W. Glenwood Avenue
West Wildwood, New Jersey 08260

West Wildwood Planning/Zoning Board Application

This portion is to be completed by Borough staff only

Date Filed: _____ Application No.: _____

Application Fee: _____ Escrow Fee: _____

Date Deemed Complete: _____ Hearing Date: _____

1. APPLICANT 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. PROPERTY OWNER NAME AND ADDRESS*

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

IF THE PROPERTY OWNER IS DIFFERENT THAN APPLICANT, INDICATE THE RELATIONSHIP.

[] Holder of contract to purchase—attach copy of contract

[] Other _____, attach proof of authorization by owner

3. 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

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-70a).....
Map or Ordinance Interpretation of Special Question (N.J.S.A. 40:55D-70b).....
Variance Relief (hardship) (N.J.S.A. 40:55D-70c(1)).....
Variance Relief (substantial benefit) (N.J.S.A. 40:55D-70c(2)).....
Variance Relief (use) (N.J.S.A. 40:55D-70d).....
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. See “NOTICE OF APPEAL OF ADMINISTRATIVE OFFICER DECISION” under List of Application Attachments. Attach a properly filed copy of the “NOTICE OF APPEAL” form to this application form if you are requesting the Board’s review on this basis.**

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

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

10. Are any off-tract improvements proposed? _____

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

	<u>Yes</u>	<u>No</u>	<u>Date Plans Submitted</u>
Cape May County Municipal Utilities Authority_____	_____	_____	_____
Cape May County Health Department _____	_____	_____	_____
Cape May County Planning Board _____	_____	_____	_____
Cape/Atlantic County 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 _____	_____	_____	_____
Other _____	_____	_____	_____

Provide proof of filing to the Board Secretary ten days prior to Land use board hearing

12. 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.

13. LIST ALL DRAWINGS, PLOT PLANS, PLATS, MAPS, OR OTHER DOCUMENTS THAT YOU PLAN TO FILE WITH THIS APPLICATION. ALL PLANS, MAPS, DOCUMENTS FOR WHICH YOU SEEK APPROVAL MUST BE FILED 10 DAYS IN ADVANCE OF THE HEARING AS REQUIRED BY N.J.S.A. 40:55D-10(B) TO MAKE AVAILABLE FOR PUBLIC REVIEW.

14. 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
_____	_____
_____	_____

15. 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 10 days prior to the date scheduled by the administrative officer for the hearing.

16. 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: _____	_____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE INSTRUCTIONS AND QUESTIONS AND THAT ALL THE ANSWERS AND STATEMENTS CONTAINED HERE AND IN DOCUMENTS SUBMITTED ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Dated _____

Signature of Applicant (s) or Applicant's Attorney

**VERIFICATION OF APPLICATION
(IF APPLICANT IS OWNER)**

STATE OF NEW JERSEY:

ss

COUNTY OF CAPE MAY:

_____, being of full age and dully 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 Land use 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 West Wildwood Planning/Zoning 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 CAPE MAY:

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.