

**Borough of Longport**  
**Planning & Zoning Review Application**

Please Type or Print Neatly

<b>Office Use Only:</b> Date Submitted: _____	Received By: _____ Board Administrator or Zoning Officer
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Staff Committee meetings are held as needed. Contents must comply in all particulars with the Administrative Regulations for Processing Planning Board Applications, sections on Staff Committee Review. The Board Administrator or Zoning Officer will answer reasonable questions regarding this procedure.

- 1. Date of Application: \_\_\_\_\_
- 2. Submitted by – Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 3. If the party submitting this form is other than the potential Applicant for Board action (attorney, architect, builder, engineer, etc.), then who would the APPLICANT be?  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 4. The applicant would be (Check one):  
 Owner  Buyer under Agreement of Sale  
 Tenant  Other: \_\_\_\_\_
- 5. If the applicant for Board action would be Tenant or Buyer, who is the present OWNER?  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

<b>6. Proposed Action is Located as Follows:</b> Street Address: _____ Block: _____ Lot(s): _____ Zoning District: _____
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- 7. Describe site (and buildings, if any) as existing now: (THIS SECTION MUST BE COMPLETED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Answer the following as to:	<u>Existing Condition</u>	<u>Proposed Condition</u>
a. Size and Dimension of Lot:	_____	_____
b. Size, Dimensions of Buildings:	_____	_____
c. Height of Buildings (Feet):	_____	_____
d. Height of Buildings (Stories):	_____	_____
e. % of Coverage on Land:	_____	_____
f. Front Yard Setback:	_____	_____
g. Rear Yard Setback:	_____	_____
h. Side Yard Setbacks:	_____	_____

9. According to the Administrative Regulations, a scaled drawing must accompany this Application. A certified professional survey showing all existing conditions is **mandatory**. In addition, use this space to provide a detailed narrative description of the proposed action. Attach additional paper, if necessary:

(THIS SECTION MUST BE COMPLETED)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Although the Staff Committee will determine the correct legal steps, what are the actions requested. (check more than one, if applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> Subdivision      | <input type="checkbox"/> Site Plan              |
| <input type="checkbox"/> C-Variance(s)    | <input type="checkbox"/> Conditional Use Permit |
| <input type="checkbox"/> D-(Use) Variance | <input type="checkbox"/> Other: _____           |

11. Which variances are needed, if any? \_\_\_\_\_

\_\_\_\_\_

12. IF THERE HAS BEEN ANY PREVIOUS STAFF COMMITTEE OR FORMAL BOARD APPLICATION AND/OR ACTION ON THIS PROPOSAL PROPERTY, PLEASE ATTACH RELEVANT DOCUMENTS, AND PROVIDE INFORMATION HERE: \_\_\_\_\_

\_\_\_\_\_

**Signature of Submitting Party:** \_\_\_\_\_

**Print or Type Name:** \_\_\_\_\_

APPLICATION FOR ACTION BY PLANNING BOARD

Longport, New Jersey

PLEASE  
TYPE OR  
PRINT

1. **Date of Application:** \_\_\_\_\_

2. **Zoning District:**

RSF 1	Single Family Residential	MF	Multi-Family Residential
RSF 2	Single- Family Residential	Comm	Commercial
RSF 3	Single Family Residential		

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 \_\_\_\_\_
- Other 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:

Longport Planning & Zoning Board

APPLICATION OF \_\_\_\_\_

*(print applicant name)*

**Property Location**

Block (            ) Lot (            )  _____  _____
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\_\_\_\_\_, 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: (            )