

## INSTRUCTIONS FOR A VARIANCE APPLICATION

Application must be submitted with payment no later than one month prior to meeting to be put on the agenda (see list of application & meeting dates and list of fees)

THE BOARD REQUIRES (1) ORIGINAL APPLICATION PACKET WITH RAISED SEALS AND 16 COPIES OF THE PACKET TO INCLUDE THE FOLLOWING:

1. BASIC APPLICATION
  2. SURVEY
  3. TAX MAP WITH PROPERTY HIGHLIGHTED
  4. PLANS-FOLDED
  5. LETTER OF DENIAL
- 

THE AFFIDAVIT OF OWNERSHIP MUST BE NOTARIZED

TWO SETS OF COLOR PHOTOS TO REFLECT THE FRONT, SIDE AND REAR OF PROPERTY ARE REQUIRED OR ONE SET AND COPIES IN EACH PACKET

ALL CORPORATIONS MUST BE REPRESENTED BY AN ATTORNEY

ALL "D" or USE VARIANCE APPLICANTS MUST HAVE A COURT REPORTER & PROFESSIONAL PLANNER

AFTER APPLICATION IS IN AND PAID - THE COLLECTOR WILL PREPARE A LIST OF PROPERTY OWNERS WITHIN 200 FEET TO BE NOTIFIED AND INSTRUCTIONS FOR SERVING NOTICE TO NEIGHBORS AND LEGAL NOTICE TO THE PAPER WILL BE GIVEN BY THE BOARD SECRETARY TO APPLICANT

Type		Fee	Initial Escrow for Professional Review
Fee for furnishing list of property owners		\$10.00	
Applications requiring court reporter		\$250.00 per meeting	
Zoning Board of Adjustment fees			
	Administrative appeals pursuant to N.J.S.A. 40:55D-70a	\$100.00	\$100.00
	Interpretation of zoning regulation pursuant to N.J.S.A. 40:55D-70b	\$200.00	\$100.00
	Bulk variance applications (one-family pursuant to N.J.S.A. 40:55D-70c)	\$150.00	\$500.00
	Bulk variance applications (other) pursuant to N.J.S.A. 40:55D-70c	\$550.00	\$1,000.00
	Use variances pursuant to N.J.S.A. 40:55D-70d	\$750.00	\$1,000.00
	Sign	\$200.00	\$100.00
	Site plan application		
	Residential - preliminary		
	Minimum	\$400.00	\$750.00
	Apartment, townhouse or condominium	\$50.00 per unit	\$200.00 per unit
	Commercial preliminary		
	Minimum	\$400.00	\$750.00
	0 to 1,000 square feet of gross floor area	\$400.00	\$750.00
	1,001 to 2,500 square feet of gross floor area	\$500.00	\$1,000.00
	2,501 to 5,000 square feet of gross floor area	\$700.00	\$1,500.00
	Over 5,001 square feet of gross floor area	\$1,000.00	\$2,000.00

Type		Fee	Initial Escrow for Professional Review
	Residential and commercial - final	1/2 preliminary	1/2 preliminary
	Major subdivision		
	Minimum	\$550.00	\$1,000.00
	Plus	\$150.00 per lot	\$550.00 per lot
	Minor subdivision (one-family residential)		
	No new lot created	\$250.00	None
	1 to 3 lots	\$500.00	\$1,000.00
	Minor subdivision (other, residential or commercial)		
	1 to 3 lots	\$250.00 per lot	\$1,000.00
	Special meeting at request of applicant	\$800.00	

**TOWNSHIP OF VERONA  
BOARD OF ADJUSTMENT APPLICATION**

DATE APPLICATION \_\_\_\_\_

CASE # \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_

PROPERTY OWNER'S PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

PROPERTY OWNER'S EMAIL \_\_\_\_\_

RELATIONSHIP OF APPLICANT TO OWNER \_\_\_\_\_

REQUEST IS HEREBY MADE FOR PERMISSION TO DO THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRARY TO THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOT SIZE: EXISTING \_\_\_\_\_ PROPOSED \_\_\_\_\_ TOTAL \_\_\_\_\_

HIEGHT: EXISTING \_\_\_\_\_ PROPOSED \_\_\_\_\_

PERCENTAGE OF BUILDING COVERAGE: EXISTING \_\_\_\_\_ PROPOSED \_\_\_\_\_

PERCENTAGE OF IMPROVED LOT COVERAGE: EXISTING \_\_\_\_\_ PROPOSED \_\_\_\_\_

PRESENT USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

SET BACKS OF BUILDING:	REQUIRED	EXISTING	PROPOSED
FRONT YARD	_____	_____	_____
REAR YARD	_____	_____	_____
SIDE YARD (1)	_____	_____	_____
SIDE YARD (2)	_____	_____	_____

DATE PROPERTY WAS ACQUIRED \_\_\_\_\_

TYPE OF CONSTRUCTION PROPOSED:

\_\_\_\_\_  
\_\_\_\_\_

SIGN INFORMATION (if applicable): supply details on location, dimensions, height and illumination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AREA PER FLOOR (square feet):	EXISTING	PROPOSED	TOTAL
BASEMENT	_____	_____	_____
FIRST FLOOR	_____	_____	_____
SECOND FLOOR	_____	_____	_____
ATTIC	_____	_____	_____

NUMBER OF DWELLING UNITS: EXISTING \_\_\_\_\_ PROPOSED \_\_\_\_\_

NUMBER OF PARKING SPACES: EXISTING \_\_\_\_\_ PROPOSED \_\_\_\_\_

History of any previous appeals to the Board of Adjustments and the Planning Board

\_\_\_\_\_  
\_\_\_\_\_

What are the exceptional conditions that warrant relief from compliance with the Zoning Ordinance?

\_\_\_\_\_  
\_\_\_\_\_

Supply a statement of facts showing how relief can be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of the Zone Plan and the Zoning Ordinance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of any deed restrictions:

\_\_\_\_\_  
\_\_\_\_\_

A legible plot plan or survey to scale (not less than 1"=100') of the property indicating the existing and/or proposed structure and scale drawings of the existing and/or proposed structure must be provided.

A copy of any conditional contract relating to this application must be filed with this application.

If the applicant is a corporation or partnership, the names, addresses and phone numbers of those owning a 10% or greater interest in the corporation shall be provided.

Name _____	Address _____	Phone # _____
Name _____	Address _____	Phone # _____
Name _____	Address _____	Phone # _____
Name _____	Address _____	Phone # _____

Expert witness(es) that will present evidence on behalf of this application:

Attorney: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Architect/Engineer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Planner: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

# BOARD OF ADJUSTMENT APPLICATION SITE PLAN

O INDICATES SHRUBS OR TREES

X INDICATES FENCES

NEIGHBOR'S HOUSE  
ESTIMATE DISTANCE FROM  
THE PROPOERTY LINE

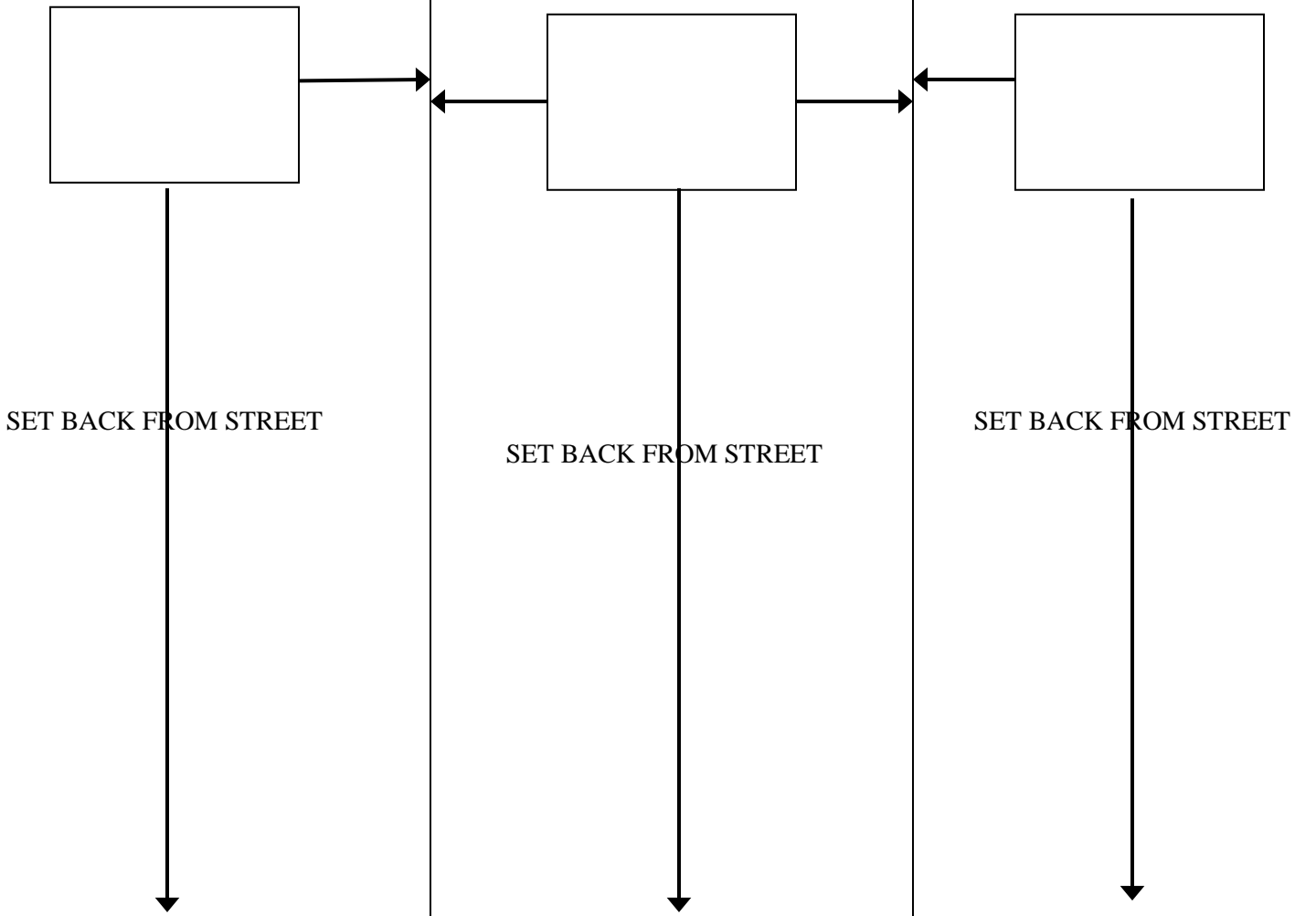
HOUSE ON LEFT

APPLICANT'S HOUSE  
SHOW THE DISTANCE TO THE  
PROPERTY LINE FROM  
SURVEY

CENTER HOUSE

NEIGHBOR'S HOUSE  
ESTIMATE DISTANCE FROM  
THE PROPOERTY LINE

HOUSE ON RIGHT



STREET

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY  
COUNTY OF ESSEX

\_\_\_\_\_ OF FULL AGE, BEING DULY SWORN ACCORDING TO LAW ON  
OATH DEPOSED AND SAYS, THAT DEPONENT RESIDES AT \_\_\_\_\_, IN THE CITY OF  
\_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_ AND STATE OF \_\_\_\_\_ AND THAT  
\_\_\_\_\_ IS THE OWNER IN FEE OF ALL THAT CERTAIN LOT, PIECE OF LAND,  
SITUATED, LYING AND BEING IN THE TOWNSHIP OF VERONA AFORESAID AND KNOWN AND DESIGNATED AS  
BLOCK \_\_\_\_\_ AND LOT \_\_\_\_\_ AS SHOWN ON THE TAX MAPS OF THE TOWNSHIP OF VERONA.

\_\_\_\_\_

NOTARY

\_\_\_\_\_

OWNER

AFFIDAVIT OF APPLICANT

COUNTY OF ESSEX  
STATE OF NEW JERSEY

\_\_\_\_\_ OF FULL AGE, BEING DULY SWORN ACCORDING TO LAW, ON  
OATH DEPOSED AND SAYS THAT ALL OF THE ABOVE STATEMENTS CONTAINED IN THE PAPERS SUBMITTED  
HEREWITH ARE TRUE. SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_.

\_\_\_\_\_

NOTARY

\_\_\_\_\_

APPLICANT



# AUTHORIZATION

IF ANYONE OTHER THAN THE OWNER IS MAKING THIS APPLICATION, THE FOLLOWING AUTHORIZATION MUST BE EXECUTED.

TO THE BOARD OF ADJUSTMENT

\_\_\_\_\_ IS AUTHORIZED TO MAKE THE WITHIN APPLICATION.

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

NOTARY

APPLICANT

AFFIDAVIT OF SERVICE

STATE OF NEW JERSEY

COUNTY OF ESSEX

\_\_\_\_\_ OF FULL AGE, BEING DULY SWORN ACCORDING TO LAW, ON HIS OATH DEPOSED AND SAYS THAT HE OR SHE RESIDES AT

\_\_\_\_\_ IN THE COUNTY OF ESSEX , AND STATE

AND THAT HE OR SHE DID ON \_\_\_\_\_ AT LEAST TEN (10) DAYS PRIOR TO THE HEARING DATE, GIVE PERSONAL NOTICE TO ALL PROPERTY OWNERS WITHIN 200 FEET OF THE PROPERTY AFFECTED LOCATED AT \_\_\_\_\_ SAID NOTICE WAS GIVEN BY HANDING A COPY TO THE PROPERTY OWNER OR BY SENDING SAID NOTICE BY CERTIFIED MAIL. COPIES OF THE REGISTERED RECEIPTS ARE ATTACHED HERETO.

NOTICES WERE ALSO SERVED UPON:

CHECK IF APPLICABLE

( ) CLERK OF THE \_\_\_\_\_ OF \_\_\_\_\_

( ) COUNTY PLANNING BOARD

( ) STATE OF NEW JERSEY DEPARTMENT OF TRANSPORTATION

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

NOTARY

APPLICANT

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ g _____	Exemptions (see instructions):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.