TOWNSHIP OF VERONA
COUNTY OF ESSEX, NEW JERSEY
PLANNING BOARD APPLICATION

VERONA COMMUNITY CENTER
880 BLOOMFIELD AVENUE
VERONA, NEW JERSEY 07044
973-857-4773

APPLICATION DATE: _____ 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 (IF VARIANCES ARE SOUGHT):

_____
_____

APPLICATION INCLUDES A MINOR SUBDIVISION: MINOR SUBDIVISION APPLICATION FORM

LOT SIZE: EXISTING_____PROPOSED_____ TOTAL_____
HEIGHT: 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

_____

_____

If applicable, 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:

_____

_____

PROPOSAL INCLUDES REMOVAL OF THREE OR MORE TREES:

YES ___ NO ___

IF YES, DOWNLOAD AND FILE: LAND USE TREE REMOVAL APPLICATION FORM

PROPOSED DEVELOPMENT:

ADDS BETWEEN 400 AND 5,000 FT^2 OF IMPERVIOUS SURFACE OR DISTURBS ≥2,500 FT^2 (MINOR DEVELOPMENT) YES ____ NO ____

ADDS > 5,000 FT^2 OF IMPERVIOUS SURFACE OR DISTURBS ≥ ½ ACRE (MAJOR DEVELOPMENT)

YES _____ NO ____

IF YES, DOWNLOAD AND FILE: STORMWATER APPLICATION

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_____

Engineer:
Name_____
Address_____
Phone #_____
Fax #_____
Email_____

Architect:
Name_____
Address_____
Phone #_____
Fax #_____
Email_____

Planner:
Name_____
Address_____
Phone #_____
Fax #_____

TOWNSHIP OF VERONA

SITE PLAN REVIEW
SECTION 118

CHECK LIST FOR SITE PLAN APPLICATION

APPLICANT :_____**TELEPHONE NO.** _____
OWNER: _____**TELEPHONE NO.** _____
ADDRESS: _____**TAX MAP BL.** _____**LOT** _____

A) Type of Site Plan

1. Repairs (interior) _____
2. Renovation or Alteration (exterior) _____
3. Change of Use _____
4. Excavation Removal of Soil, Clear of Site _____
5. Additions _____
6. Percent (%) or Size of Addition _____
7. New Structure _____
8. New Accessory Structures _____
9. Other _____

B) Waiver Request _____

C) 15 Copies of Application and Site Plan _____

D) Application Fee Paid (amount) _____

E) Verification of Taxes Paid _____

F) Date Received Application _____

G) Date Certified as Completed _____

H) All plans submitted shall be drawn at a scale not smaller than one (1") inch equals twenty (20') feet, signed and sealed by a professional engineer, architect or professional planner and shall bear the signature and seal of the licensed land surveyor as to topography and boundary survey data and shall contain the following:

Circle One:

C = Complies
D = Deficient
WS = Waiver Sought

1.	Name and title of applicant, owner and person preparing map.	C	D	WS
2.	Date, scale and north point and date of any revision	C	D	WS
3.	Place for signature of Chairman and Secretary of approving Board.	C	D	WS
4.	Tax map lot and block numbers and address of property	C	D	WS
5.	Bearing of all property lines with reference to North and South and length of these lines. Area of subject property.	C	D	WS
6.	Zone district and zone district of adjoining properties within 200 feet.	C	D	WS
7.	Zoning schedule.	C	D	WS
8.	All entrances and exits to public streets on site and within 200 feet thereof.	C	D	WS
9.	All property lines, streets, roads, buildings, retaining walls, rock outcrops, marsh areas, ponds, and streams within 200 feet.	C	D	WS
10.	The location of principal and accessory structures with dimensions of the structures and distances to lot lines.	C	D	WS
11.	All set-back dimensions, landscaped areas, fencing and trees over 6" caliper.	C	D	WS
12.	Location of all signs and exterior lighting with size and height of signs and light fixtures and strength in lumens and direction of illumination.	C	D	WS

13.	Storm water system, including calculations and design data supporting adequacy of the system to handle storm run-off as required by the Township Engineer	C	D	WS
14.	Sanitary sewerage disposal system by existing and proposed and calculation.	C	D	WS
15.	Water supply system and all other utilities both existing and proposed.	C	D	WS
16.	All curbs, sidewalks, driveways, parking space layout, and off-street loading areas with dimension.	C	D	WS
17.	Right-of-way, easements and all lands dedicated to the Township, County, and State.	C	D	WS
18.	Names of owners and use of property of all lands within 200 feet to the property and block and lot numbers.	C	D	WS
19.	Site Plan drawn on sheet size: (Circle One) 8.5 x 14 inches 15 x 21 inches 24 x 36 inches	C	D	WS
20.	The entire property shall be shown, on the required sheet size a key map.	C	D	WS
21.	Existing and proposed contours, with contour interval not more than two feet (2') slopes less that 10% and interval of five feet (5') for slopes greater than 10%. Existing contours by dashed lines, proposed by solid lines.	C	D	WS
22.	Proposed finished grade spot elevations at all corners of existing and proposed buildings.	C	D	WS
23.	The proposed use of building.	C	D	WS
24.	The proposed use of outdoor area.	C	D	WS
25.	The floor space of each building and total number of parking spaces.	C	D	WS

26.	Distances along right-of-way lines of existing streets abutting property to nearest intersection.	C	D	WS
27.	All existing easements, deed restrictions, other covenants and previous variances granted for the property.	C	D	WS
28.	Floor plan of proposed structures with accompanying front, rear and side elevations drawn to scale.	C	D	WS
29.	Landscaping plan, buffer plan, landscaping schedule showing number, size and species of plantings.	C	D	WS
30.	Soil erosion and sediment control plan.	C	D	WS
31.	Application filed with Essex County Planning Board	C	D	WS
32.	Notice to all neighbors within 200 feet.	C	D	WS
33.	Notification to Fire, Police, Health Department, Township Manager, and Shade Tree.	C	D	WS
34.	Refuse, disposal (storage), dumpster screening	C	D	WS
35.	Storage height (gross sq. footage)	C	D	WS
36.	Drainage arrows.	C	D	WS
37.	Site Lighting Plan with isolux patterns to indicate intensity of site lighting.	C	D	WS
38.	Location HVAC Equipment and screening.	C	D	WS
39.	NJDEP Freshwater Wetlands Approval.	C	D	WS
40.	Complies with escrow ordinance.	C	D	WS

Applicant's Remarks:

_____

_____

_____

_____

_____

_____

Applicant's Signature

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	

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 PLANNING BOARD

_____ 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 OWNNERS 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

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

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:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶ q

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.

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

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

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.

Sign Here | **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 for information about Form W-9, at *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.