

DATE OF SUBMISSION: _____
ZONING BOARD _____ PLANNING BOARD _____

RECEIVED BY: _____
APPLICATION NO. _____

TOWNSHIP OF FLORENCE
LAND DEVELOPMENT APPLICATION

If you are not familiar with the Florence Township Ordinance requirements please ask to see a member of the Planning/Zoning Staff prior to filling out the application.

A. BASIC INFORMATION

1. APPLICANT NAME: _____ 2. OWNER NAME: _____
STREET ADDRESS: _____ STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ TELEPHONE: _____

3. If applicant is not owner, set forth in detail the nature and source of the legal beneficial right by which you can claim to submit this application.

4. TYPE OF APPLICATION: (check as many items as applicable)
Starred (*) application require a public hearing with notice and legal advertisement.

<input type="checkbox"/> Minor subdivision	<input type="checkbox"/> Major Site Plan – Final	<input type="checkbox"/> Interpret zoning map or ordinance
<input type="checkbox"/> Major Sub-Prel*	<input type="checkbox"/> Conditional Use*	<input type="checkbox"/> Bulk variances*
<input type="checkbox"/> Major Sub-Final		<input type="checkbox"/> Use variances*
<input type="checkbox"/> Minor Site Plan*		<input type="checkbox"/> Informal Review
<input type="checkbox"/> Major Site Plan-Prel.*	<input type="checkbox"/> Appeal of decision of an Administrative Officer	<input type="checkbox"/> Other

NOTE: If a variance is requested in conjunction with this application the exact nature of the variance must be indicated on the application Form – SEE No. 15.

5. LIST OF INDIVIDUALS WHO PREPARED PLANS:

ARCHITECT

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

SITE PLANNER

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

ENGINEER

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____
FAX: _____

ATTORNEY

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____
FAX: _____

SITE INFORMATION

6. LOCATION OF PROPERTY

STREET ADDRESS _____
BLOCK NO. _____ LOT NO: _____

7. TYPE OF ROAD FRONTAGE: Rt. 130 Collector Secondary Local Road
 Arterial Primary Local Road

8. ZONE DISTRICTS: (Circle one)

R Residential	AGR Agricultural	GM General Manufacturing
RA Residential	HC Highway Commercial	SM Special Manufacturing
RB Residential	NC Neighborhood Commercial	P Park
RC Residential	OP Office Park	H Historic

9. DESCRIPTION OF PROPOSED USE

Present Use _____
Proposed Use _____
Number of Lots _____

<u>Lot Size</u>	<u>Frontages</u>	<u>Square Feet</u>	<u>Acres</u>
Required	_____	_____	_____
Existing	_____	_____	_____
Proposed	_____	_____	_____

Primary Building Setback Requirements

	<u>Front</u>	<u>One Side</u>	<u>Second Side</u>	<u>Rear</u>
Required	_____	_____	_____	_____
Existing	_____	_____	_____	_____
Proposed	_____	_____	_____	_____

<u>Accessory building setback requirements (if applicable)</u>	<u>Side</u>	<u>Rear</u>	<u>No. of Parking Spaces & Loading</u>	<u>Off Street</u>	<u>Loading</u>
Required	_____	_____	Required	_____	_____
Existing	_____	_____	Existing	_____	_____
Proposed	_____	_____	Proposed	_____	_____

<u>Percent of Impervious Coverage</u>	<u>Gross Floor Area</u>	<u>Height</u>
Allowed _____	_____	_____
Existing _____	_____	_____
Proposed _____	_____	_____

10. UTILITIES

Public Water

Yes No
___ ___ Will this proposal require new water supply?
___ ___ Is there an existing municipal water connection?
___ ___ Can an existing connection service this proposal?
___ ___ Are additional connections required?
___ ___ Is the municipal water supply available?
___ ___ Has application been made for municipal sewer conn.?
___ ___ Date _____ No. of Connections _____

Well

Yes No
___ ___ Is there an existing well?
___ ___ Can the existing system service this proposal?
___ ___ Is a new well proposed?
___ ___ Has application been made?
___ ___ Has application been approved or denied?
___ ___ Date _____

Municipal Sewer

Yes No
___ ___ Will the proposal require new sewerage lines?
___ ___ Is there an existing Municipal sewer connection?
___ ___ Can the existing connection service the proposal?
___ ___ Are additional sewer connections required?
___ ___ Is sewer capacity available?
___ ___ Has application been made for municipal sewer conn.?
___ ___ Has application been approved or denied?

On Site Sewerage Treatment

Yes No
___ ___ Is there an existing septic system?
___ ___ Can the existing system service this proposal?
___ ___ Is a new system proposed?
___ ___ Type _____ conventional septic
___ ___ _____ alternative sewer
___ ___ _____ waterless covert w/gray water

<u>Gas</u>	<u>Natural Gas</u>	_____ Existing	<u>Propane</u>	_____ Existing
		_____ Proposed		_____ Proposed

<u>Electric</u>	_____ Existing	_____ Above Ground
	_____ Proposed	_____ Below Ground

11. OTHER APPROVALS REQUIRED AND DATE PLANS SUBMITTED

	YES	NO	MONTH/DAY/YEAR
1. New Jersey Dept. of Environmental Protection	_____	_____	_____
2. Burlington County Soil Conservation District	_____	_____	_____
3. Burlington County Planning Board	_____	_____	_____
4. N.J. Department of Transportation	_____	_____	_____
5. _____	_____	_____	_____

SUBMISSION DATA

12. LIST OF MAPS, REPORTS AND OTHER MATERIALS ACCOMPANYING APPLICATION
(attach supplemental sheet if necessary)

QUANTITY	DESCRIPTION OF ITEMS	MONTH/DAY/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. SUPPLEMENTAL ITEMS (COMPLETE AS NECESSARY)

PREVIOUS APPLICATIONS OR ACTIVITY:

___NO ___YES IF YES _____
MONTH/DAY/YEAR

TYPE OF ACTION _____ APPROVED _____ DISAPPROVED

14. DEED RESTRICTIONS OR COVENANTS AFFECTING THIS APPLICATION: ___YES (attach copy if yes)
___NO

15. ARGUMENTS FOR VARIANCE: (attach sheet if necessary)

16. WAIVERS OF DEVELOPMENT STANDARDS AND/OR SUBMISSION REQUIREMENTS: (attach sheet if necessary)

17. EXPERT WITNESSES FOR APPLICANT: (when applicable)

NAME	TYPE OF TESTIMONY
_____	_____
_____	_____
_____	_____

18. **AFFIDAVIT OF APPLICANT:**

State of New Jersey

County of _____:SS

_____ of full age, being duly sworn according to law, on oath deposes and says, that all of the above statements and the papers submitted herewith are true.

Applicant to Sign Here

Sworn and subscribed before me
this _____ day of _____, 20____.

19. **AFFIDAVIT OF OWNERSHIP:**

State of New Jersey

County of _____:SS

_____ of full age, being duly sworn according to law, on oath deposes and says, that _____ the deponent resides at _____ in the _____ of _____ in the County of _____ and in the State of _____ that _____ is the owner of all that certain lot, piece of land situated, lying and being in the municipality aforesaid, and known and designated as number _____.

Owner to Sign Here

Sworn and subscribed before me
this _____ day of _____, 20____.

20. **AUTHORIZATION BY OWNER:** (If anyone other than above owner is making this application, the following authorization must be executed.)

To the Approving Board of the Township of Florence:

_____ is hereby authorized to make the within application.

Dated _____

Owner to Sign Here

CERTIFICATION

Date _____

I, _____, an authorized representative of which is a corporation, or partnership, applying to the Planning Board or Zoning Board of Adjustment of the Township of Florence for permission to subdivide a parcel of land into six (6) or more lots, or applying for a variance to construct a multiple dwelling of twenty-five (25) or more family units, or for the approval of a site to be used for commercial purposes, do hereby disclose, pursuant to the requirements of NJSA40:55D-48.1. The name and address of all stockholders or individual partners owning at least 10% of the interest in the partnership which are hereby listed as follows:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

If any of the above owners is a corporation or partnership, the applicant is required to disclose the name and address of each individual holding a 10% interest, or greater, in the named corporation or partnership which shall be divulged in the same format as the above pursuant to NJSA 40:55D-48.2)

Title