

BOROUGH OF SPOTSWOOD
APPLICATION FOR SUBDIVISION or SITE PLAN
or INTERPRETATION or APPEAL

Date Received:	

## THIS FULLY COMPLETED FORM MUST BE FILED WITH THE PLANNING BOARD SECRETARY AT LEAST THIRTY (30) DAYS PRIOR TO THE SCHEDULED HEARING.

Αp	oplicant's Name:	Ap	plication Number:	
Applicant's Address:		Blo	ock #:	Lot #:
		Ap	pplication Fee:	
Ph	one:		crow Fee:	
Co	ontact Email:		te Filed:	
1.	Please select all that apply: Minor Subdiv	e Plan 🔲 🏻 Prelin	ary Major Subdivision ninary Major Site Plan	Final Major Site Plan
2.	Present type of occupancy or use:			
3.	Proposed type of occupancy of use:			
4.	If applicant is not the legal owner of the p	roperty, please prov	ride the following:	
	a. Name & Address of owner:			
	b. Applicant's interest in the property: _			
	c. If you are not the property owner you applicant to act on his/her behalf for t		•	1 1 •
5.	The premises affected are located at:		Z	oning District:
	and shown on the Official Tax Map, Bloc	k #	, Lot #	
6.	For Subdivisions: Present Number of L	ots	Proposed Number of	Lots:
	Area of entire Tract:(sf)	Portions being subo	divided:	(sf)
	Reason for subdivision: Sell lots (Yes	No[]) Constr	ruct houses for sale with l	ot: (Yes No No )
	Other:			

7.	For Site Plans: Area of entire Tract:(sf) Total number of proposed dwe Are any special or off-tract improvements proposed? (Yes \bigcup No \bigcup)	elling units: _	
8.	List any easements, deed restrictions, similar instruments connected to this property:		
9.	Name and address of persons preparing plans or reports:		
	Engineer:	Phone:	
	Architect:	Phone:	
	Attorney:	Phone:	
	Planner:	Phone:	
10.	. List all checklist item waivers you are requesting:		
11.	. Attach in duplicate, an original sealed property survey of the site.		
	Attach in duplicate, a sealed plan/plat drawn to scale showing the actual dimensions of proposed locations of lot lines, and all improvements required by and listed in the Bo Checklist(s). If any signs or other design elements are proposed, attach a drawing showin above plan or sketch shall bear the seal of a licensed professional engineer or architect in the Attach a correlated Application For Colonletion Short and Forest Parasit For Colonletion	orough Site and dimension he State of N	Plan/Subdivision and details. The
	. Attach a completed Application Fee Calculation Sheet and Escrow Deposit Fee Calculation		
14.	. Office of the Tax Collector Verification (To be completed by the Tax Search Officer of th		•
	The Tax records at this office indicate that there are, described properties know as Block:, Lot:	s or assessme	ents on the above
	/s/		
	Tax Search Off	icer	Date
	I swear or affirm that made by me are true. I am aware that if any of the forgoing statem false, I am subject to punishment by contempt of court.	ents made by	me are willfully
	Applicant's Sign	nature	
Sw	Applicant's Nar	ne	Date
Th	is, day of, 20		
 No	otary Public, State of New Jersey		