

TOWNSHIP OF BRICK

LAND DEVELOPMENT APPLICATION

Application NO. _____

Planning Board _____ Zoning Board _____ Date of Submission ____-____-____
Mo. Day Yr.

Application Fee \$ _____
Escrow Fee \$ _____

A. Applicant

Name

Street Address

City & State Zip Code

Telephone # Listed () Unlisted () Email

(If not owner, set forth ownership interest, contact purchaser, etc., & attach copy of document following same).

Owner

Name

Street Address

City & State Zip Code

Telephone # Listed () Unlisted () Email

B. TYPE OF APPLICATION: New _____ Amended _____

- | | |
|---------------------------|---------------------------------------|
| 1. Minor Subdivision ____ | 4. Site Plan-Prel. ____ |
| 2. Major Sub.-Prel. ____ | 5. Site Plan-Final ____ |
| 3. Major Sub.-Final ____ | 6. Conditional Use ____ |
| Date of Prel. App. ____ | (Must be accompanied by
Site Plan) |
| 7. Minor Site Plan ____ | |
| 8. Cluster Zone ____ | 12. C.40:55D-70D ____ |
| 9. C.40:55D-70A ____ | 13. C.40:55D-34 ____ |
| 10. C.40:55D-70B ____ | 14. C.40:55D-35 ____ |
| 11. C.55D-70C ____ | |

C. PREVIOUS APPEALS OR ACTIVITY

No _____ Yes _____ If yes, date ____-____-____ Type Variance _____
Mo. Day Year

Approved _____ Disapproved _____

D. Location: _____
Street Address

Tax Map # Block (s) Lot (s) #

Type of Road: Cul-de-sac _____ Secondary _____
 Minor _____ Major _____
 Collector _____ Arterial _____

Number of proposed streets w/names:

Zone District:

<u>Residential</u>	<u>Business</u>	<u>Other</u>
R-5 _____	B-1 _____	H-S _____
R-7.5 _____	B-2 _____	_____
R-10 _____	B-3 _____	_____
R-15 _____	B-4 _____	
R-20 _____		
R-R-1 _____		
R-R-2 _____		
R-R-3 _____		
R-M _____		

Office Professional/Light Industrial

O-P _____
O-P-T _____
M-1 _____

E. DESCRIPTION OF PROPOSED USED:

1. Present Use _____
2. Proposed Use _____
3. No. of Lots/Units _____
4. Brief Description of Application _____

5. Lot Size:

	Frontage/Width	Depth	Lot Area Sq. Feet	Lot Area Acres
<u>Proposed:</u>	_____	_____	_____	_____
<u>Required:</u>	_____	_____	_____	_____

5A. Does Applicant/Owner Own Adjoining Property? Yes _____ No _____

If yes please describe: _____

6. Primary Building Setback Requirements:

	Front	Sides	Rear
<u>Proposed</u>	_____	_____	_____
<u>Required</u>	_____	_____	_____

7. Accessory Building Setback Requirements:

	Side	Rear
<u>Proposed</u>	_____	_____
<u>Required</u>	_____	_____

8. Height:

<u>Proposed</u>	_____
<u>Max. Allowed</u>	_____

9. Percent of Lot Coverage Building

Proposed _____
Allowed _____

10. With Percent Impervious Coverage

Proposed _____
Allowed _____

11. Gross Floor Area

Proposed _____ Sq. Ft.
Min. Required _____ Sq. Ft.

12. Number of Parking Spaces:

Proposed	Off Street _____	Loading _____
Min. Req.	_____	_____

13. Basis for determining parking requirements:

Employees _____ Units _____ Seats _____ Beds _____
Courts _____ Rooms _____ Stalls _____ Other _____

Show parking calculations: _____

F. UTILITIES

- 1 Water: Will the applicant require new water supply in street? Yes _____ No _____
Is Municipal water supply available? Yes _____ No _____
Is water to be supplied from a well? Yes _____ No _____
Has application been made to the B.T.M.U.A. ? Yes _____ No _____
Has application been approved? _____ Denied _____ Date _____
Comments _____
2. Sewerage: Will this application require new sewage lines in streets? Yes _____ No _____
Will the application require expansion of existing lines? Yes _____ No _____
Will this application require a septic system? Yes _____ No _____
3. Gas: Natural Gas _____ Existing _____ Above Ground _____
Propane _____ Proposed _____ Below Ground _____
4. Electric: Existing _____ Above Ground _____
Proposed _____ Below Ground _____

G. Has application been made to the Ocean County Planning Board?

Approved _____ Denied _____ Date _____

H. Deed Restriction or Covenants? Yes _____ No _____
(If yes, attach copy)

I. Certificate of Taxes/assessments paid to date attached? _____
(Said certificate to be submitted with application for acceptance)

J. Has application been made to the Tax Assessor for Block & Lot assignments: Yes _____ No _____

Proposed building, structure or use thereof is contrary to Brick Zoning Ordinance in the following particulars (state articles & sections)

K. ARGUMENTS FOR VARIANCE: (To be completed by applicant)

Undue hardship consideration (C1 or C2): _____

Negative Criteria: (To be completed for "D" variance & "Conditional Use Variance" applications)

Special Reasons: (To be completed for "D" variance only)

L. Has there been a market value offer to sell or purchase all or part of adjoining property if applying for "C" variance, i.e. lacking square footage, width or depth? Yes _____ No _____

M. List of maps, reports and other material accompanying application:
(Appropriate checklist must accompany all site plan and subdivision applications)

	<u>NO.</u>	<u>DESCRIPTION OF ITEM</u>	<u>MO.</u>	<u>DATE</u>	<u>YR.</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

N. LIST OF INDIVIDUALS WHO PREPARED PLANS:

1. Engineer/ Surveyor	_____
Name	_____
Address	_____
City	State Zip Code
Phone #	Email
2. Architect	_____
Name	_____
Address	_____
City	State Zip Code
Phone #	Email
3. Site Planner	_____
Name	_____
Address	_____
City	State Zip Code
Phone #	Email
4. Attorney	_____
Name	_____
Address	_____
City	State Zip Code
Phone #	Email

O. AUTHORIZATION OF SIGNATURE (If applicant is a corporation)

This will certify that _____
Title _____ of (Corporation Name & Address)

_____ who subscribed to the above application for development in the Township of Brick has been authorized by this Corporation to do so.

Attest _____
Secretary (Corporate Seal) Corporate Name

President

N.J.S.A. 40:55D-48.1 et seq. Requires all corporations or partnerships applying to a Planning Board or Board of Adjustment 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 seeking approval of a site to be used for commercial purposes to list:

- a) If a corporation – names and addresses of all stockholders owning at least 10% of its stock of any class;
- b) If a partnership – names and addresses of the individual partners having at least 10% interest in the partnership.

P. AFFIDAVIT OF APPLICANT:

STATE OF NEW JERSEY

COUNTY OF OCEAN

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

Sworn and Subscribed to:
before me this _____ day:
of _____, 20 _____:

Applicant to sign here

Q. AFFIDAVIT OF OWNERSHIP:
STATE OF NEW JERSEY

COUNTY OF OCEAN

_____ of full age being duly sworn according to law on oath
deposed and says, that all the deponents reside at _____
in the _____ of and State of _____
that _____ is the owner in fee of all that certain lot, piece of land situated,
lying and being in the municipality aforesaid, and known and designated as Block (s) _____
Lot (s) _____
Street Address _____

Sworn and Subscribed to
before me this _____ day
of _____, 20_____:

(Owner to Sign Here)

R. 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 Brick:

_____ is hereby authorized to make the within application.

Dated: _____
_____ Owners Signature

S. ADDRESS ALL CORRESPONDENCE CONCERNING THIS APPLICATION TO:

() Applicant () Owner () Attorney

Name and Firm _____

Address _____

T. WITNESS FOR APPLICANT

Identifying letter to proceed name of witness:

S – Self/Relative N – Neighbor O – Other
T – Twp. Employee E – Expert

- | | | | | | |
|----|-------|-------|----|-------|-------|
| 1. | _____ | _____ | 2. | _____ | _____ |
| | | Name | | | Name |
| 3. | _____ | _____ | 4. | _____ | _____ |
| | | Name | | | Name |
| 5. | _____ | _____ | | | |
| | | Name | | | |