

Dated Filed: _____ Completeness Review Date: _____
Notified Incomplete: _____ Deemed Complete: _____
Jurisdiction: Planning Board _____ Board of Adjustment _____

Above for office use only. Do not complete.

APPLICATION FOR DEVELOPMENT
BOROUGH OF MIDLAND PARK

SECTION I TYPE OF APPLICATION

___ Preliminary Site Plan	___ Appeal from Administrative Determination
___ Final Site Plan	___ Interpretation of Map or Ordinance
___ Preliminary Major Subdivision	___ Bulk Variance
___ Final Major Subdivision	___ Use Variance
___ Amendment to Site Plan Approval	___ Conditional Use Approval
___ Waiver	___ Exception

SECTION II APPLICANT INFORMATION

see Addendum A to comply with N.J.S.A. 40:55D-48.1

NAME OF APPLICANT _____
ADDRESS _____
PHONE # _____ FAX # _____

NAME OF OWNER _____
ADDRESS _____
IF OWNER IS A CORPORATION:
PRESIDENT _____ SECRETARY _____

(UNLESS OTHERWISE NOTED, ALL CORRESPONDENCE WILL BE ADDRESSED TO APPLICANT)

INTEREST OF APPLICANT IN PROPERTY (IF NOT OWNER) _____

AUTHORIZED REPRESENTATIVE OF APPLICANT

NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____

ATTORNEY FOR APPLICANT

NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____

ENGINEER FOR APPLICANT

NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____

ARCHITECT FOR APPLICANT

NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____

SECTION III PROPERTY INFORMATION

ADDRESS _____
BLOCK _____ LOT _____ ZONE DISTRICT _____

SIZE OF PROPERTY
SQ. FT. _____ WIDTH _____ DEPTH _____

EXISTING CONDITIONS

USE OF PROPERTY _____

BUILDINGS
SQ. FT.: TOTAL: _____ BY FLOOR: 1. _____ 2. _____ 3. _____

SETBACKS: FRONT: _____ REAR _____
SIDE 1 _____ SIDE 2 _____

HEIGHT: # of Feet _____ # of Stories _____

PROPOSED CONDITIONS

USE OF PROPERTY _____

NEW BUILDING _____ ADDITION TO EXISTING _____
SQ. FT.: TOTAL _____ BY FLOOR: 1. _____ 2. _____ 3. _____

SETBACKS: FRONT: _____ REAR: _____
SIDE 1 _____ SIDE 2 _____

HEIGHT: # of Feet _____ # of Stories _____

SECTION IV GENERAL

A. EXPLAIN IN DETAIL THE EXACT NATURE OF THE APPLICATION AND THE CHANGES TO BE MADE TO THE PROPERTY (ATTACH ADDITIONAL PAGES IF NECESSARY).

B. DOES THE APPLICANT OR OWNER OWN ANY CONTINGENT PROPERTY? _____
IF YES: ADDRESS _____
LOT _____ BLOCK _____
DESCRIBE USE: _____

C. ARE THERE ANY EXISTING COVENANTS, DEED RESTRICTIONS, EASEMENTS, OR EXCEPTIONS THAT ARE _____ IN _____ EFFECT?
DESCRIBE: _____
IF YES, PROVIDE A COPY OF EACH

D. IS _____ PROPERTY LOCATED IN _____ FLOOD _____ HAZZARD _____ OR _____ FLOOD PLAIN? _____

E. DO PREMISES FRONT ON APPROVED STREET? _____ NAME: _____

F. DO PREMISES REQUIRE EXTENSION OF MUNICIPAL FACILITIES? _____
IF YES, DESCRIBE _____

G. HAS THEIR BEEN A PREVIOUS APPLICATION INVOLVING THIS PROPERTY? _____
IF YES, SET FORTH DATE, DESCRIPTION AND RESOLUTION. _____

H. ARE ANY OFF-TRACT IMPROVEMENTS REQUIRED OR PROPOSED?

I. ARE ANY LOW-INCOME HOUSING UNITS PROPOSED? _____ YES _____ NO

J. IS A DEVELOPMENT FEE REQUIRED? _____ YES _____ NO

SECTION V VARIANCES, WAIVERS OR EXCEPTIONS

A. ARE ANY VARIANCES REQUESTED AS PART OF THIS APPLICATION? _____
 IF YES, LIST SECTION NO. OF ZONING ORDINANCE AND DESCRIPTION:

<u>SECTION</u>	<u>DESCRIPTION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

USE ADDITIONAL SHEETS IF NECESSARY

B. ARE THERE ANY WAIVERS FROM THE SUBMISSION REQUIREMENTS REQUESTED? _____
 IF YES, LIST SECTION NO. OF ORDINANCE AND DESCRIPTION:

<u>SECTION</u>	<u>DESCRIPTION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(THE PLANNING BOARD MUST APPROVE SUCH WAIVERS AS A CONDITION TO THE APPLICATION BEING DEEMED COMPLETE)

C. ARE THERE ANY EXCEPTIONS FROM THE DESIGN STANDARDS REQUESTED? _____
 IF YES, LIST SECTION AND DESCRIPTION:

<u>SECTION</u>	<u>DESCRIPTION</u>
_____	_____
_____	_____
_____	_____
_____	_____

SECTION VI PLANS / DRAWINGS/REPORTS

LIST ALL PLANS SUBMITTED WITH THIS APPLICATION

TITLE	PREPARED BY	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL REPORTS SUBMITTED WITH THIS APPLICATION

TITLE	PREPARED BY	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY DEPOSE AND SAY THAT ALL THE FOREGOING STATEMENTS AND INFORMATION CONTAINED IN ANY PAPERS SUBMITTED HERewith ARE TRUE AND CORRECT.

Applicant

DATE: _____

SWORN AND SUBSCRIBE ON THIS _____ DAY OF _____, 20

NOTARY

AFFIDAVIT OF OWNERSHIP
(TO BE COMPLETED IF APPLICANT IS NOT OWNER)

STATE OF NEW JERSEY)
)
COUNTY OF BERGEN)

_____ of full age, having been sworn according to law on _____
deposes and says that _____ resides at _____
in the City of _____, in the County of _____ and the State of _____,
that is the owner-in-fee of all that certain lot, piece or parcel of land situated, lying and being in
the Borough of Midland Park aforesaid, and known and designated as Number _____ and Street _____
_____ hereby authorizes _____ to make the within application in
_____ behalf, and that the statements contained herein are true and correct.

OWNER'S SIGNATURE

Dated: _____

SWORN & SUBSCRIBE ON THIS _____ DAY OF _____, 20 .

NOTARY

BOROUGH OF MIDLAND PARK

DISCLOSURE STATEMENT- APPENDIX A

NAME OF APPLICANT: _____

APPLICANT IS A CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY

PURSUANT TO N.J.S.A. 40:55D-48.1, THE NAMES AND ADDRESSES OF ALL PERSONS OWNING 10% OF THE STOCK IN A CORPORATE APPLICANT, PARTNERSHIP APPLICANT, OR LIMITED LIABILITY COMPANY APPLICANT MUST BE DISCLOSED. LIST NAMES, ADDRESSES AND INTEREST HERE.

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

PURSUANT TO N.J.S.A. 40:55D-48.2, IN THE EVENT THAT ANY OF THE ABOVE IS/ARE A CORPORATION, PARTNERSHIP OF LIMITED LIABILITY COMPANY, THE NAMES AND ADDRESSES OF PERSONS OWNING MORE THAN 10% OF THAT ENTITY MUST BE LISTED BELOW.

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____

NAME: _____ INTEREST % _____
ADDRESS: _____
CITY: _____ STATE: _____