

**TOWNSHIP OF MAPLE SHADE**  
**Municipal Building**  
200 Stiles Avenue  
Maple Shade, New Jersey 08052

**PLANNING BOARD & ZONING BOARD APPLICATION FORM**

The application, with supporting documentation, must be filed with the Township and must be delivered to the Board Attorney, Engineer and any other consultant designated by the Township for review at least fifteen [15] business days prior to the meeting at which the application is to be considered.

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**To be completed by Township staff only.**

Date Filed _____	Application No. _____
Planning Board _____	Application Fees _____
Zoning Board of Adjustment _____	Escrow Deposit _____

Scheduled for: Review for Completeness \_\_\_\_\_ Hearing \_\_\_\_\_

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**1. SUBJECT PROPERTY**

Location: \_\_\_\_\_

Tax Map	Page	Block	Lot (s)
	_____	_____	_____
	Page	Block	Lot (s)
	_____	_____	_____
Dimensions	Frontage	Depth	Total Area
	_____	_____	_____

Zoning District \_\_\_\_\_

**2. APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Applicant is a Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

3. DISCLOSURE STATEMENT

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 or 10% interest in any partnership applicant must be disclosed. In accordance with *N.J.S.A.* 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. **[Attach pages as necessary to fully comply.]**

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

4. If Owner is other than the applicant, provide the following information on the Owner(s):

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

5. PROPERTY INFORMATION:

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:

Yes [attach copies] \_\_\_\_\_ No \_\_\_\_\_ Proposed \_\_\_\_\_

**Note:** All deed restrictions, covenants, easements, association by-laws, existing and proposed, must be submitted for review and must be written in easily understandable English in order to be approved.

Present use of the premises: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6.	<b>Applicant's Attorney (If Inc.)</b>	_____
	Address	_____
		_____
	Telephone Number	_____
	Email	_____
7.	<b>Applicant's Engineer</b>	_____
	Address	_____
		_____
	Telephone Number	_____
	Email	_____
8.	<b>Applicant's Planning Consultant</b>	_____
	Address	_____
		_____
	Telephone Number	_____
	Email	_____
9.	<b>Applicant's Traffic Engineer</b>	_____
	Address	_____
		_____
	Telephone Number	_____
	Email	_____
10.	List any other Expert who will submit a report or who will testify for the Applicant: [Attach additional sheets as may be necessary]	
	Name	_____
	Field of Expertise	_____
	Address	_____
		_____
	Telephone Number	_____
	Email	_____

11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

SUBDIVISION:

\_\_\_\_\_ Minor Subdivision Approval

\_\_\_\_\_ Subdivision Approval [Preliminary]

\_\_\_\_\_ Subdivision Approval [Final]

Number of lots to be created \_\_\_\_\_  
(including remainder lot)

Number of proposed dwelling units \_\_\_\_\_  
(if applicable)

SITE PLAN:

\_\_\_\_\_ Minor Site Plan Approval

\_\_\_\_\_ Preliminary Site Plan Approval [Phases (if applicable) \_\_\_\_\_]

\_\_\_\_\_ Final Site Plan Approval [Phases (if applicable) \_\_\_\_\_]

\_\_\_\_\_ Amendment or Revision to an Approved Site Plan

Area to be disturbed (square feet or acreage) \_\_\_\_\_

Number of proposed dwelling units (if applicable) \_\_\_\_\_

\_\_\_\_\_ Request for Waiver From Site Plan Review and Approval

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Informal Review

\_\_\_\_\_ Request for Rezoning and/or Amendment to Master Plan

\_\_\_\_\_ Appeal decision of an Administrative Officer [N.J.S.A. 40:55D-70a]

\_\_\_\_\_ Map or Ordinance Interpretation or Special Question [N.J.S.A. 40:55D-70b]

\_\_\_\_\_ Variance Relief (hardship) [N.J.S.A. 40:55D-70c(1)]

\_\_\_\_\_ Variance Relief (substantial benefit) [N.J.S.A. 40:55D-70c(2)]

\_\_\_\_\_ Variance Relief (use) [N.J.S.A. 40:55D-70d]

\_\_\_\_\_ Conditional Use Approval (N.J.S.A. 40:55D-67)

Direct issuance of a permit for a structure in bed of a mapped street, public drainage way,  
or flood control basin [N.J.S.A. 40:55D-34]

\_\_\_\_\_ Direct issuance of a permit for a lot lacking street frontage [N.J.S.A. 40:55D-35]

\_\_\_\_\_ Other Relief [specify] \_\_\_\_\_

12. Section(s) of Ordinance from which a variance is requested:

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13. Waivers Requested of Development Standards and/or Submission Requirements:  
[attach additional pages as needed]

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14. Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable. **The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing.** An affidavit of service on all property owners and a proof of publication must be filed before the application will be complete and the hearing can proceed.

15. Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of the premises: [attach pages as needed]

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16. Is a public water line available? \_\_\_\_\_

17. Is public sanitary sewer available? \_\_\_\_\_

18. Does the Application propose a well and septic system? \_\_\_\_\_
19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers? \_\_\_\_\_
20. Are any off-tract improvements required or proposed? \_\_\_\_\_
21. Is the subdivision to be filed by Deed or Plat? \_\_\_\_\_
22. What form of security does the applicant propose to provide as performance and maintenance guarantees? \_\_\_\_\_
23. Other approvals which may be required and date plans submitted:

	<u>Yes</u>	<u>No</u>	<u>Date Plans Submitted</u>
Maple Shade Water & Sewer Utility	_____	_____	_____
Burlington County Health Department	_____	_____	_____
Burlington County Planning Board	_____	_____	_____
Burlington County Soil Conservation District	_____	_____	_____
NJ Council on Affordable Housing	_____	_____	_____
NJ Department of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Development Permit	_____	_____	_____
Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
Potable Water Construction Permit	_____	_____	_____
Other _____	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Public Service Electric & Gas Company	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. List of Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing).

It is the responsibility of the applicant to mail or deliver copies of the application form and all supporting documents to the members of the professional staff [Engineer, Planning Consultant, Attorney for the Board to which the application is submitted] for their review. The documentation must be **received** by the professional staff at least fifteen [15] business days prior to the meeting at which the application is to be considered, otherwise the application will be deemed incomplete. A list of the professional staff is attached to the application form.

Quantity	Description of Item
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

25. The Applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the applicant's professionals:

Specify which reports are requested for each of the applicant's professionals or whether all reports should be submitted to the professional listed.

	Applicant's Professional	Reports Requested
_____	_____	_____
_____	Attorney	_____
_____	Engineer	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CERTIFICATIONS

26. It is hereby certified that all taxes, municipal liens, and utility charges on the subject property are paid and current as of: \_\_\_\_\_

\_\_\_\_\_  
MAPLE SHADE TAX COLLECTOR

27. I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership applicant. *[If the applicant is a corporation, this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.]*

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF APPLICANT

28. I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made, and the decision in the same manner as if I were the applicant. *[If the owner is a corporation, this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.]*

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF OWNER

29. I understand that the sum of \$ \_\_\_\_\_ has been paid to the Township of Maple Shade as a **Non-Refundable** Application Fee.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

30. I understand that the sum of \$ \_\_\_\_\_ has been deposited in an escrow account (Builder's Trust Account). In accordance with the Land Development Ordinance of the Township of Maple Shade, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal, and other expenses associated with the review of applications for development, review and preparation of documents, inspection of improvements, the publication of the decision by the Board or other purposes under the provisions of the Municipal Land Use Law. Sums not utilized shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT