

**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. **Applicant's Attorney  
(If Inc.)** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_

7. **Applicant's Engineer** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_

8. **Applicant's Planning Consultant** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_

9. **Applicant's Traffic Engineer** \_\_\_\_\_  
 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





**THE TOWNSHIP OF MAPLE SHADE**  
IN THE COUNTY OF BURLINGTON

**DEVELOPER ESCROW INFORMATION SHEET**

**CIRCLE ONE**

**GPR  
SDR  
SPR  
SPZ  
ZB**

**ACCOUNT NO.** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM ABOVE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BILLING CONTACT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**TAX IDENTIFICATION NO.** \_\_\_\_\_

**INITIAL DEPOSIT AMOUNT:** \_\_\_\_\_

*I have verified all of the above information and certify to  
the best of my knowledge that it is true and correct.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ W-9 Completed

\_\_\_\_\_ Verified by (Initials)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.