

# Township of Egg Harbor

3515 Bargaintown Road, Egg Harbor Township, NJ 08234

## Land Development Application

**CHECK ALL THAT APPLY:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-application/Concept Plan<br><input type="checkbox"/> Minor Subdivision<br><input type="checkbox"/> Minor Site Plan<br><input type="checkbox"/> General Development Plan<br><input type="checkbox"/> Major Subdivision/Preliminary<br><input type="checkbox"/> Major Subdivision/Final<br><input type="checkbox"/> Major Site Plan/Preliminary<br><input type="checkbox"/> Major Site Plan/Final<br><input type="checkbox"/> _____ | <input type="checkbox"/> Bulk Variance<br><input type="checkbox"/> Use Variance<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Preliminary PURD<br><input type="checkbox"/> Final PURD<br><input type="checkbox"/> Extension of Time<br><input type="checkbox"/> Appeal of Zoning Officer<br><input type="checkbox"/> Interpretations<br><input type="checkbox"/> _____ |
|--|--|

**Office Use Only**

Block/Lot:	_____
Application No.:	_____
Date Received:	_____
Application Fee:	_____
Escrow Fee:	_____
Collected By:	_____

Applicant Information	
Applicant's Name:	Phone No.:
Address:	
Applicant is a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <i>(Corporations must be represented by a NJ attorney.) If applicant is a corporation or partnership, on company letterhead set forth the names and addresses of all stockholders or partners having an interest of 10 % or more. (Attach separate sheet).</i>	
Owner Information	
Owners Name:	
Phone No.:	
Address:	
Attorney Information	
Attorney's Name:	
Phone No.:	
Firm Name and Address:	
Plans	
<i>Name(s) and address of person(s) preparing plan (attach sheet, if necessary)</i>	
Name:	Profession:
Address:	Phone No.:
Name:	Profession:
Address:	Phone No.:

<b>Property Information</b>		
Property Address:		
Block(s):	Lot(s):	Total Lot Area:
Jurisdictional Area: <input type="checkbox"/> Pinelands <input type="checkbox"/> CAFRA		
<b>Proposed Information</b>		
Number of Proposed Lots:	Zone:	Number of Dwelling Units:
Proposed Use:	Present Use:	
Building Area Proposed:	Existing:	
Number of Parking Spaces Proposed:	Existing:	
List all utilities available to service the subject development:		
List all zoning variances or design waivers. If not applicable, enter "N/A". If variance(s) or waivers are required, attach hereto, as a separate rider, the factual basis and legal basis for the relief sought.		
Existing deed restrictions? <input type="checkbox"/> N/A <input type="checkbox"/> Yes – Briefly describe below and attach copy		
Proposed deed restrictions:		
Contemplated Form of Ownership: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Rental		
Briefly describe any prior or currently pending proceedings before this Planning Board or Zoning Board and any other federal, state, or local board or agency involving the property which is the subject of this application. (attach sheet if necessary)		
List all other material accompanying this application, i.e., plans, drainage calculations, traffic studies, fiscal impact statements, NJDEP or Pinelands permits or applications, etc. (attach sheet if necessary)		

The applicant voluntarily consents to an indefinite waiver of the time within which the board may grant or deny this application. Applicant is fully aware that the Municipal Land Use Law sets forth a specific time period within which the Board is to grant or deny this application.  Yes  No

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant or Agent

**CONSENT OF OWNER**

I, the undersigned, being the owner of the lot or tract described in the foregoing application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. (If owned by a corporation, attach copy of resolution authorizing application including officer signature.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Printed Name(s)

*Acknowledgement Certificate*

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, in the year 2\_\_\_\_, before me personally appeared \_\_\_\_\_, proved on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same. Witness my hand and official seal.

\_\_\_\_\_  
Notary Public