



Township of Ocean

50 RAILROAD AVENUE
WARETOWN, NJ 08758

PHONE: (609) 693-3487
FAX: (609) 693-0478

*An initial time limit of 60 minutes will be allowed for each application.
If additional time is needed, it will be at the Board's discretion.
A vote will be taken*

PLANNING BOARD CHECKLIST

Please submit the following:

APPLICATION & MAP OF SUBDIVISION OR SITE PLAN & CURRENT SURVEY	*** 20 copies
*** 8 sets full size	
*** 12 sets 11x17 paper	
PROPERTY OWNER'S LIST WITHIN 200' (certified by the Tax Assessor)	2 copies
LEGAL NOTICE & AFFIDAVIT OF PUBLICATION FROM NEWSPAPER	2 copies
PAYMENT OF TAXES TO-DATE	2 copies

Payment of application fees payable to: **TOWNSHIP OF OCEAN.**

Notice to property owners and proof of mailing (notice must be certified or hand-delivered with signature).

Applicant may use *Asbury Park Press* or *Atlantic City Press* for publication which is required in one paper and one time only. The above are the official newspapers of the Planning Board.

PLANNING BOARD MEETINGS ARE HELD ON THE FIRST THURSDAY OF EACH MONTH AT 7:00 PM, 50 RAILROAD AVENUE, WARETOWN, NJ 08758.

APPLICANT:

The attached application packet is being provided to assist you in meeting the requirements for submission of a complete application to the Planning Board and advise you of actions to be performed by you as the application is being processed. You should fill-out the checklist that applies to your particular situation and provide the appropriate attachments called for by the checklist. All submittals must be made through the Planning Board Secretary.

The first phase in the process of submitting an application involves being deemed complete. The items appearing in the first part of the checklist must be completed in order to be placed on the Planning Board Agenda. Planning Board meetings are held the **FIRST THURSDAY OF EACH MONTH AT 7:00 p.m.** in the Ocean Township Municipal Building. An application must be submitted **six (6) weeks prior** to a scheduled Planning Board meeting. The initial submittal is reviewed to insure the proper fees have been posted, the items required in the checklist have been provided and that the engineering plans and calculations are technically complete and in conformance with the Ordinances of the Township of Ocean. You must specifically request, in writing **any variance or design waiver** being sought.

The results of this review will be submitted to the Planning Board with copies to the applicant, engineers and attorneys, as appropriate. Reasonable effort will be made to advise you if the application is deficient and unable to be deemed complete. You then have the option to make corrections or submit missing information to make the application complete. In any event, the application must be deemed complete **four (4) weeks** prior to a scheduled Planning Board meeting in order to be placed on the Agenda.

You are cautioned that some aspects of review require several days and that the reviews must be completed before an application may be deemed complete at the four week point. It will remain in process and must be deemed complete by **four (4) weeks** prior to the next month's meeting to be placed on the Agenda. Do not assume you are complete or on the Agenda. You will be notified by the Planning Board Secretary or Planning Board Engineer if you are complete and on the Agenda.

Upon being notified that your application is complete by the Planning Board Secretary or Board Engineer, you then need to make the necessary publications and notifications as called for in the checklist. Failure to do these actions will result in your not being heard at the Planning Board meeting.

The Planning Board has the power to grant or deny approval of your application. Also, it has the power to grant conditional approval to your application. These conditions will be identified in a resolution prepared by the Planning Board Attorney. You must comply with the terms of the resolution before your plans (Mylars) will be signed by the Board Engineer. Once this occurs, the Planning Board will sign your plans. You are advised that any deviations from the approved plans, as approved by the Planning Board, must be submitted to the Planning Board for their approval.

**TOWNSHIP OF OCEAN
LAND DEVELOPMENT APPLICATION**

TO BE COMPLETED BY TOWNSHIP STAFF ONLY

Date Filed _____

Block No. _____

Docket No. _____

Lot No. _____

Application Fees _____

Escrow Fees _____

Legal Fees _____

If you are not familiar with the Ocean Township Ordinance requirements, please ask to see a
Member of the Planning Staff prior to filling out this application.

TYPE OF APPLICATION: (CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> Minor Subdivision* | <input type="checkbox"/> Minor Site Plan* | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Conditional Use* | <input type="checkbox"/> Informal Review | <input type="checkbox"/> Bulk Variance* |
| <input type="checkbox"/> Interpret Zoning | <input type="checkbox"/> Use Variance | <input type="checkbox"/> Map or Ordinance |
| <input type="checkbox"/> Major Subdivision-Preliminary | <input type="checkbox"/> Major Subdivision-Final | <input type="checkbox"/> Design Waiver |
| <input type="checkbox"/> Major Site Plan-Preliminary | <input type="checkbox"/> Major Site Plan-Final | <input type="checkbox"/> Exempt Subdivision |
| <input type="checkbox"/> Lot Consolidation | <input type="checkbox"/> Appeal of Decision of an Administrative Officer | |

NOTE: If a variance is requested in conjunction with this application, the exact nature of the variance MUST be indicated on the application form (see page 3 of the Land Development Application packet)

A. BASIC INFORMATION

Applicant's Name _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____		
Fax _____		

Owner's Name _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____		
Fax _____		

If the applicant is not the owner, set forth in detail the nature and source of the legal beneficial by which you claim to submit this application.

B. LIST OF INDIVIDUALS WHO PREPARED PLANS

Architect's Name _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____		
Fax _____		

Planner Site _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____		
Fax _____		

Engineer's Name _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____		
Fax _____		

Attorney's Name _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____		
Fax _____		

C. SITE INFORMATION

Street Address _____
 Block No. _____ Lot No. _____

D. Site Information (continued)

Type of Road Frontage:
 Municipal _____ County _____ State _____
 Street Name _____ Route No. _____ Route No. _____

E. Zone Districts (circle one)

R-1A Residential Medium Density	C-1 General Commercial	I-1 General Industrial	PV Pinelands Village
R-1 Residential Medium Density	C-2 Local Commercial	I-2 Resources Industrial	PA Preservation Area
(R-2) Residential Low Density	C-3 General Commercial	RU Rural Development	
FO Forest		BC Bayfront Conservation	

F. Description of Proposed Use

Present Use _____
 Proposed Use _____
 Number of Lots _____

Lot Size	Frontage	Square Feet	Acres	
Required	_____	_____	_____	
Existing	_____	_____	_____	
Proposed	_____	_____	_____	
Primary Building Setback Requirements				
	Front	One Side	Second Side	Rear
Required	_____	_____	_____	_____
Existing	_____	_____	_____	_____
Proposed	_____	_____	_____	_____
Accessory Building Setback Requirements (if applicable)			Number of Parking Spaces & loading	
	Side	Rear	Off Street	Loading
Required	_____	_____	Required _____	_____
Existing	_____	_____	Existing _____	_____
Proposed	_____	_____	Proposed _____	_____
Percent (%)	Gross Floor Area	Height	Impervious Coverage	
Allowed	_____	_____	_____	
Existing	_____	_____	_____	
Proposed	_____	_____	_____	

G. Utilities

		<u>Public Water</u>			<u>Well</u>
Yes	No		Yes	No	
___	___	Will this proposal require new water supply	___	___	Is there an existing well
___	___	Is there an existing Municipal water connection	___	___	Can the existing well service this proposal
___	___	Can an existing connection service this proposal	___	___	Is a new well proposed
___	___	Are additional connections required	___	___	Has application been made
___	___	Is the Municipal water supply available	___	___	Has application been approved or denied
___	___	Has application been made for Municipal water conn.	___	___	Date _____
___	___	Has application been approved or denied			
		Date _____ No. of Connections _____			

Continued to next page

Municipal Sewer

Yes	No	
___	___	Will this proposal require new sewerage lines
___	___	Is there an existing Municipal sewer connection
___	___	Can the existing connection service this proposal
___	___	Are additional sewer connections required
___	___	Is sewer capacity available
___	___	Has application been made for Municipal sewer conn.
___	___	Has the application been approved or denied
___	___	Date _____ No. of Connections _____

On-Site Sewerage Treatment

Yes	No	
___	___	Is there an existing septic system
___	___	Can the existing system service this proposal
___	___	Is a new system proposed
___	___	Type: _____ conventional septic
___	___	_____ alternative design
___	___	_____ waterless toilet with gray water
___	___	_____ other – describe _____
___	___	Has application been made for on-site treatment
___	___	Has the application been approved or denied
___	___	Date _____

H. Other Approvals Required & Date Plans Submitted

1. New Jersey Department of Environmental Protection
2. Ocean County Soil Conservation District
3. Ocean County Planning Board
4. New Jersey Department of Transportation
5. Pinelands
6. CAFRA
7. Ocean Township Municipal Utilities Authority
8. Ocean Township Municipal Fire Department
9. Ocean Township Municipal First Aide Squad
10. Ocean Township Police Department
11. Ocean Township Environmental Committee

Yes	No	Month, Day, Year
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____

I. SUBMISSION DATA

List of Maps, Reports and Other Materials Accompanying Application: (attach supplemental sheet if necessary)

Quantity	Description of Item	Month, Day, Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. SUPPLEMENTAL ITEMS (complete as necessary)

1. Previous Applications or Activity:

___ No	___ Yes	If yes	_____
			Month Day Year

Type of Action _____ Approved _____ Disapproved

2. Deed Restrictions or Covenants Affecting This Application _____ Yes (attach copy if yes) _____ No

3. Arguments for Variance (attach sheet if necessary)

4. Waivers of Development Standards and /or Submission Requirements (attach sheet if necessary)

5. Expert Witnesses for Applicant (when applicable)

Name	Type of Testimony
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Affidavit of Applicant

State of New Jersey SS:

County of _____:

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

Applicant to Sign Here

Sworn and subscribed to before me this _____ Day of _____ Year _____

Sign Here

7. Affidavit of Ownership*

State of New Jersey SS:

County of _____:

_____ of full age, being duly sworn according to the law, on oath deposes and says, that the deponent resides at _____ in the _____ of _____ that the deponent resides _____ in the County of _____ and the State of _____ that _____ is the owner of all that contain lot, piece of land situated living and being in the Municipality aforesaid, and known and designated as number _____

Owner to Sign Here

Sworn and subscribed to before me this _____ Day of _____ Year _____

Sign Here

8. Authorization by Owner (if anyone other than above is making this application, the following authorization must be executed*

To the Approving Board of the Township of Ocean

_____ is hereby authorized to make the within application.

Dated _____

Owner to Sign Here

CERTIFICATION

Date _____

I, _____, an authorized representative of

_____, which is a corporation, or partnership, applying to the Land Use Board of the Township of Ocean, Waretown, 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 for the approval of a site to be used for commercial purposes, do hereby disclose, pursuant to the requirements of NJSAAA 40:55D-48.1, the name and address of all stockholders or individual partners owning at least 10% of the stock of the corporation, or at least 10% of the interest in the partnership, which are hereby listed as follows:

Name _____

Address _____

(if any of the above owners is a corporation or partnership, the applicant is required to disclose the name and address of each individual holding a 10% interest, or greater, in the named corporation or partnership which shall be divulged in the same format as the above pursuant to NJSA 40:55D-48.2)

Title _____

*Affidavit shall also appear on subdivision and site plan applications

**TOWNSHIP OF OCEAN
WARETOWN, N.J.**

The Escrow Fee paid by applicant is used to cover Board Engineer and Board Attorney Fees. However, if the total amount exceeds the Escrow Fee collected from the applicant, it is the applicant(s) responsibility to pay said amount.

Copies of vouchers received by the Township from the Board Engineer and Board Attorney will be sent to you.

Date

Applicant's Signature

AFFIDAVIT OF NON-COLLUSION

STATE OF NEW JERSEY:

COUNTY OF OCEAN:

Name of Applicant

Being duly sworn, according to law, upon (his, her, their) oaths depose and say:

- a. (He, her, them) are the applicant(s) in connection with a proposed site plan/
subdivision or property known as _____
as shown on the Tax Assessment Map of the Township of Ocean.

- b. There has been no collusion between (he, her, them) and any member of the
Township of Ocean Land Use Board or any officials of the Township of
Ocean with respect to said application or said proposed subdivision.

Sworn to and subscribed

Before me this _____

Day of _____

Year _____

Signature

Township of Ocean
50 Railroad Avenue
Waretown, NJ 08758

Martin W. Lynch, CTA, IFA
Tax Assessor

609-693-3280
fax 609-693-9026

REQUEST FOR CERTIFIED LIST OF PROPERTY OWNERS WITHIN 200 FEET

Date: _____

TO: Ocean Township Tax Assessor

Kindly provide me, within seven days of receipt of this request, with a Certified List of Property Owners within 200 feet of the following block(s) & lot(s).

BLOCK: _____ LOT(S): _____

FEES: A minimum fee of \$10.00 is required upon submission of this request. The total fee to be collected prior to issuing the list shall be the greater of \$10.00 or \$0.25 per line item (number of properties on list).

PHONE: () _____

FAX: () _____

SIGNATURE OF APPLICANT

NAME (PLEASE PRINT)

MAILING ADDRESS

CITY, STATE, ZIP CODE

**TOWNSHIP OF OCEAN
PLANNING BOARD**

Example of Notice of Decision
(to be filed within 10 days)

The Times Beacon
345 East Bay Avenue
Manahawkin, NJ 08050

Attention: Legal Department

NOTICE OF DECISION

Notice is hereby given that the Ocean Township Planning Board by Resolution

No. _____ approved a _____ application for Block _____

And lot _____ for _____.

**PLEASE FORWARD THE AFFIDAVIT OF PUBLICATION TO THE TOWNSHIP OF
OCEAN PLANNING BOARD SECRETARY.**