# INSTRUCTIONS
## TO APPLICANTS APPLYING TO THE ZONING BOARD OF ADJUSTMENT

An applicant shall submit to the Zoning Board of Adjustment office application documents for verification of completeness. Upon receipt of an application, the Planning/Zoning Board Administrator will determine that the proper forms are completed and the appropriate numbers of copies are received for review.

The submitted application will be distributed for completeness review to the Board's professional staff and reports will be rendered regarding completeness, within the time limits as prescribed by law.

When the application is deemed complete, it will be scheduled for a Zoning Board of Adjustment meeting. The Board Administrator will notify you or your representative regarding the date. You must attend the meeting or the matter will not be considered.

**NOTE:** Applicants seeking Use Variances that may involve Site Plan review are advised to obtain an attorney. These applications may also require the services of other professionals, such as Planners or Engineers at the applicants' expense.

**NOTE: AN ATTORNEY MUST REPRESENT APPLICATIONS FOR ALL CORPORATIONS.**

**ALL APPLICANTS MUST SUBMIT AS PART OF THE APPLICATION THE FOLLOWING ITEMS:**

1. **ZONING BOARD APPLICATIONS**: Completed original application plus **thirteen (13) copies.** Thirteen (13) copies of a current survey of the site. Four (4) original pictures plus thirteen (13) copies of the four (4) angles of the property in question must be submitted with the application.
2. (If Applicable) Pinelands Certificate of Filing or No Interest Letter. Original plus nineteen (19) copies.
3. Proof of Payment of Taxes (See attached Form # 6) indicating that all property taxes are current.
4. Current "Certified List of Property Owners" (See attached Form # 3) within 200 feet of project, received by the Tax Assessor. Must be provided as part of the original application package.

**APPLICATIONS WITHIN PINELANDS**: If a Certificate of Filing or a No Interest letter is required from the Pinelands Commission as part of your application package for any application that includes land located in the Pinelands Management Areas, (Any land that is located west of the Garden State Parkway is included in the Pinelands Management Areas) it must be submitted with your application. **No application will be accepted unless accompanied with a Pinelands Certificate of Filing or a No Interest Letter. No Exceptions.**

The applicant must be the owner of the property, a representative of the owner of the property, or the prospective purchaser of the property. In the event that the applicant is the purchaser of the property then copies of an executed agreement of sale must be attached to the application.

The above-mentioned items must be completed and returned with the proper application fee(s) and escrow fee(s) to the Planning/Zoning Board Office. (Please make checks payable to the Township of Galloway)

4. **Notice Requirements:**

(a). A current "Certified List of Property Owners" from the Tax Assessor office. This is a list of adjacent property owners within 200 feet of your property. (See attached Form #3) to request the list from the Tax Assessors office that will be made available within seven (7) business days or less. Please note that this certified list of property owners must be less than six (6) months old to be considered current.

(b). Once your application has been deemed complete you will be given a date of the scheduled meeting. You must notify the property owners within 200 feet of your property lines by certified mail or hand delivery at least ten (10) days prior to the date of the hearing, NOTE: the hearing date cannot be counted in the ten (10) days. For hand delivered notices: Applicant must provide a copy of the notice that has been signed and dated by the adjacent property owner. (See attached Form #5a).

(c). A legal notice must also be advertised in "The Press", or "The Current" or "Mainland Journal" **no later then ten (10) days prior to the date of the meeting. NOTE: The hearing date cannot be counted within these ten (10) days.**

5. **The Proof of Service form and the completed Zoning attachments: #5 or #5a, #6, #8 must be delivered to the Planning /Zoning Board no later than five (5) days prior to meeting date. In addition the following items must be submitted:**

(a) A copy of the legal notice sent to adjacent property owners.
(b) The certified list of property owners as issued by the Tax assessor.
(c) Original copy of the legal notice as published in the paper also known as the proof of publication.
(d) The Proof of Service form (attachment #8a) notarized, signed and dated.
(e) The original "white certified mail receipts" stamped by the post office with the date of mailing. **HAND DELIVERED NOTICES**: Proof that the notices were delivered to the surrounding property owners and a copy of that notice must be signed and dated by the surrounding property owners.

**Note: Failure to meet all of the notice requirements will prevent your application from being heard on the scheduled night.**

## 6. Additional Information:

You will receive an official "Decision & Resolution" within 45 days of your approval signed by the Chairman and the Planning/Zoning Board Administrator

The Planning/Zoning Board office will publish a short legal notice of the Board's decision that will appear in the official Township newspaper following the hearing. It will include the applicant's name, block and lot, a brief description of the application and board's decision.

**Applicants are responsible for notifying the Pinelands Commissions of any approvals obtained by Galloway Township and provide them with all of the necessary documents that they should require processing the application.**

DATE SUBMITTED _____
DATE DEEMED COMPLETE _____
DOCKET # _____
HEARING DATE _____
ADJOURNMENT TO _____
DISPOSITION _____

GALLOWAY TOWNSHIP ZONING BOARD OF ADJUSTMENT
300 E. JIMMIE LEEDS ROAD, GALLOWAY TOWNSHIP, NJ 08201

# APPLICATION FOR VARIANCE

## I. INFORMATION REGARDING THE APPLICANT:

1. APPLICANT'S NAME : _____
   STREET ADDRESS : _____
   TELEPHONE : _____
   ATTORNEY'S NAME : _____
   " TELEPHONE : _____

2. APPLICANT IS THE (CHECK ONE)

   (A) OWNER _____

   (B) PURCHASER UNDER CONTRACT _____

   (C) OTHER _____

3. APPLICANT IS (CHECK ONE)

   (A) AN INDIVIDUAL _____

   (B) A PARTNERSHIP (ATTACH NAMES AND ADDRESSES OF ALL PERSONS HAVING A 10% INTEREST OR MORE IN THE PARTNERSHIP) _____

   (C) A CORPORATION (ATTACH NAMES AND ADDRESSES OF ALL PERSONS HAVING A 10% INTEREST OR MORE IN THE CORPRATION _____

## II. INFORMATION REGARDING THE PROPERTY:

1. STREET ADDRESS: _____
2. BLOCK # _____ LOT # _____
3. ZONE DISTRICT: _____
4. HAVE THERE BEEN ANY PREVIOUS BOARD OF ADJUSTMENT OR PLANNING BOARD HEARINGS INVOLVING THIS MATTER? _____
   YES_____ NO_____ .IF "YES", ATTACH A COPY OF THE WRITTEN DECISION ADOPTED BY THE APPLICABLE BOARD.

Printed on Recycled Paper.

5. NATURE OF APPLICATION, CHECK APPROPRIATE ITEMS.

(1) INTERPRETATION OF DEVELOPMENT ORDINANCE OR MAP _____

(2) APPEAL OF ACTION OF ADMINISTRATION OFFICER _____

(3) VARIANCE: "C" HARDSHIP VARIANCE _____

"D" USE VARIANCE _____

"D" NON-USE VARIANCE _____

(4) SUBDIVISION _____

(5) SITE PLAN _____

(6) WAIVER OF LOT TO ABUT STREET REQUIREMENT _____

(7) EXCEPTION TO THE OFFICIAL MAP _____

6. DESCRIBE THE PRESENT STATUS OF THE PROPERTY. (THAT IS, VACANT LOT, SINGLE-FAMILY RESIDENCE, COMMERCIAL, ETC.

_____

7. SET FORTH ALL OF THE VARIANCES REQUESTED, AND ALL OF THE FACTS THE APPLICANT WILL RELY UPON TO SUPPORT EACH REQUEST FOR VARIANCE. USE ADDITIONAL SHEETS IF NECESSARY.

VARIANCE REQUESTED: RELIEF FROM THIS SECTION _____

OF ZONING ORDINANCE WHICH REQUIRES _____

_____

_____

_____

REASONS FOR VARIANCE:

_____

_____

_____

_____

_____

| | | CODE REQUIRED | EXISTING CONDITIONS | PROPOSED IMPROVEMENTS | CONFORMITY STATUS |
|---|---|---|---|---|---|
| USE | | | | | |
| LOT AREA | | | | | |
| LOT WIDTH | | | | | |
| LOT DEPTH | | | | | |
| SETBACKS | FRONT | | | | |
| | RIGHT SIDE | | | | |
| | LEFT SIDE | | | | |
| | REAR | | | | |
| BUILDING HEIGHT | | | | | |
| BUILDING COVERAGE | | | | | |
| TOTAL SITE COVERAGE | | | | | |
| PARKING SPACES | | | | | |
| TOWNSHIP OR COUNTY ROAD CLASSIFICATION | | | | | |
| **SIGNS**<br>LOCATION<br>SIZE | | | | | |

1. The subject property is serviced by individual sewage system _____ , is sewered by public sewer _____ , will be serviced by individual sewage system _____ , will be serviced by public sewer _____
(please check applicable answer)
2. The subject property is serviced _____ by Public Water, _____ by individual well; will be serviced by Public Water _____ , _____ by individual well.
(please check applicable answer)
C = Conforms to Land Management Ordinance of the Township of Galloway.
DNC = Does not conform to Land Management Ordinance of the Township of Galloway.

III. AFFIDAVIT OF OWNER/APPLICANT

STATE OF NEW JERSEY:

ss: AFFIDAVIT

COUNTY OF ATLANTIC

I do dispose upon my oath and state:

1. I am the legal or equitable owner of the property subject to this application.
2. The statements made by me and the statements and information contained in the papers submitted in connection with this application are true.
3. I am aware that if any of the foregoing statements are willfully false, I am subject to punishments.

_____

(APPLICANT'S SIGNATURE)

Sworn to and subscribed before me this ____ day of_____, 19____.

_____

NOTARY PUBLIC

Attachment Form #6

# PROOF OF PAYMENT OF TAXES

Date:_____

Applicant's name_____

Block_____Lot_____Qual_____

Location_____

DO NOT WRITE BELOW THESE LINES: **FOR TAX COLLECTOR ONLY**

The Taxes are paid through and including: 1Q 2Q 3Q 4Q Year _____

The following taxes are unpaid and delinquent: $_____ with

interest calculated until_____.

_____
Albert Stanley, Tax Collector

**This form must complete and submitted with no taxes due, for an application to be deemed complete.**

Attachment Form #5

## GALLOWAY TOWNSHIP ZONING BOARD OF ADJUSTMENT
## PUBLIC NOTICE

You are hereby notified that _____ has applied to the Galloway Township Zoning Board of Adjustment for approval for_____

_____

_____

_____

which will permit me to_____

_____

_____

_____

_____

_____

_____

I am also seeking any ancillary variances that may be identified as needed at my property located at _____

Block_____Lot_____on the tax map of Galloway Township, New Jersey.

The Galloway Township Zoning Board of Adjustment will hold a public hearing on my application at 6:30pm, in the Municipal Complex, 300 E. Jimmie Leeds Road, Galloway, New Jersey on _____. All documents pertaining to this application are on file with the Planning Board /Zoning Board Administrator and are available for public review during regular working hours (M-F 8:30am – 4:30pm). If you have any comments with respect to this application you may appear before the board on this date and time and you will be heard.

Signature of Applicant_____

Attachment Form #5a

**(Hand Delivered Notice)**

## GALLOWAY TOWNSHIP ZONING BOARD OF ADJUSTMENTS

## PUBLIC NOTICE

You are hereby notified that _____

have applied to the Galloway Township Zoning Board of Adjustments for approval for

_____which will permit me to_____

_____

_____

_____

---

I am also seeking any ancillary variances that may be identified as needed at my property located at _____

Block_____Lot_____on the tax map of Galloway Township, New Jersey.

The Galloway Township Zoning Board of Adjustment will hold a public hearing on my application at 6:30pm, in the Municipal Complex, 300 E. Jimmie Leeds Road, Galloway, New Jersey on _____. All documents pertaining to this application are on file with the Planning Board /Zoning Board Administrator and are available for public review during regular working hours (M-F 8:30am – 4:30pm). If you have any comments with respect to this application you may appear before the board on this date and time and you will be heard.

Signature of Applicant_____

Print Name _____

Address _____

Date Delivered: _____

Signature of Person Receiving Notice:

_____

Make two copies of this form and give one to the person whom you are to deliver it to and retain copy with the signature of the person receiving the notice and return to the Zoning Board office as part of your noticing package

Attachment Form #8

# Form for Proof of Service

State of New Jersey

ss.

County of Atlantic

_____of full age, being duly sworn according to law, deposes and says, that he resides at _____ _____ in the City of _____ _____ and State of _____ that he is the applicant/agent in a proceeding before the Galloway Township Planning and/or Zoning Board of Adjustments, Galloway Township, New Jersey, being an application under Zoning Ordiance of Galloway Township, New Jersey, which has the application number _____ and relates to premises at _____that he/she gave notice to each and all of the owners of property affected by said application according to the rules of the Planning and/or Zoning Board of Adjustments by personal service or by Certified mail on _____ day of _____, 20_____ a true copy of which notice is attached to this affidavit, together with a list of owners upon whom same was served.

_____
Signature

Sworn to before me this _____

Day of _____,20_____.

Attachment Form #3

# CERTIFIED LIST REQUEST

Block_____Lot_____

Date_____

I request the names and addresses of the owners of record of every block and lot within 200 feet of the boundaries of the above block and lot; the address of the Commissioner of Transportation of the State of New Jersey, *if on a State Highway*; the address of the Atlantic County planning Board, *if on a County Highway* and the names and addresses of all public utility/CATV companies that may possess an easement or right of way and to whom notice should be served. If the block and lot is within 200 feet of a neighboring municipality, please provide the address of the Township Clerk of that municipality as well.

Name:_____

Phone:_____

Mailing Address:_____

_____

The fee for this service is ten dollars or twenty-five cents (0.25) per name, whichever is greater. The list will be made available within 7 days or less from the time of the request.

**Return Request to:**

Galloway Township Municipal Complex
Galloway Tax Assessor, Dave Jackson
300 E. Jimmie Leeds Road
Galloway, New Jersey 08205