

**GALLOWAY TOWNSHIP  
MUNICIPAL BUILDING  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NEW JERSEY 08205**

**PLANNING BOARD & ZONING BOARD APPLICATION**

**This portion is to be completed by Township staff only**

Date Filed \_\_\_\_\_ Application No. \_\_\_\_\_

Planning Board \_\_\_\_\_

Zoning Board of Adjustments \_\_\_\_\_ Application Fees \_\_\_\_\_

Escrow Number \_\_\_\_\_ Escrow Deposit \_\_\_\_\_

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

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**This portion is to be completed by applicant**

**1. Subject Property**

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

Project Name: \_\_\_\_\_

Tax Map: Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Zoning District(s) \_\_\_\_\_

**2. Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

\_\_\_\_\_ Limited Liability Corporation \_\_\_\_\_ Limited Liability Partnership

### 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 10% ownership criterion have been disclosed.

**See attachment #1. Attach pages as necessary to fully comply.**

A. Name \_\_\_\_\_

Address \_\_\_\_\_

Interest \_\_\_\_\_

B. Name \_\_\_\_\_

Address \_\_\_\_\_

Interest \_\_\_\_\_

C. Name \_\_\_\_\_

Address \_\_\_\_\_

Interest \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

5. Applicant's Attorney\_\_\_\_\_
- Address\_\_\_\_\_
- Telephone Number\_\_\_\_\_
- FAX Number\_\_\_\_\_Email address\_\_\_\_\_
6. Applicant's Engineer\_\_\_\_\_
- Address\_\_\_\_\_
- Telephone Number\_\_\_\_\_
- FAX Number\_\_\_\_\_Email Address\_\_\_\_\_
7. Applicant's Planning Consultant\_\_\_\_\_
- Address\_\_\_\_\_
- Telephone Number\_\_\_\_\_
- FAX Number\_\_\_\_\_Email Address\_\_\_\_\_
8. Applicant's Traffic Engineer\_\_\_\_\_
- Address\_\_\_\_\_
- Telephone Number\_\_\_\_\_
- FAX Number\_\_\_\_\_Email Address\_\_\_\_\_
9. 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\_\_\_\_\_
- FAX Number\_\_\_\_\_

**10. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:**

**SUBDIVISION:**

- \_\_\_\_\_ Minor Subdivision Approval
- \_\_\_\_\_ Major Subdivision Approval [Preliminary]
- \_\_\_\_\_ Major 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
- \_\_\_\_\_ Site Plan Waiver
- \_\_\_\_\_ Major Site Plan Approval
- \_\_\_\_\_ Preliminary Site Plan Approval [Phases if applicable \_\_\_\_\_]
- \_\_\_\_\_ Final Site Plan Approval [Phases if applicable \_\_\_\_\_]

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

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

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

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

\_\_\_\_\_

- \_\_\_\_\_ Amendment or Revision to an Approved Site Plan
- \_\_\_\_\_ Extension of approval.
- \_\_\_\_\_ Administrative 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)]

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

\_\_\_\_\_ Other relief. **Specify** \_\_\_\_\_

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

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12. Waivers requested from development Standards and/or Submission Requirements:  
**Attach additional pages as needed.**

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13. Explain in detail the exact nature of the application or extension of approval and the and the changes proposed at the site including the proposed use of the premises:  
**Attach pages as needed.**

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**14. PROPERTY INFORMATION:**

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

Yes. **Attach copies** \_\_\_\_\_ No \_\_\_\_\_ Proposed \_\_\_\_\_

Note: In order for an approval to be issued for the application all deed restrictions, covenants, easements, association by-laws, existing and/or proposed, must be submitted for review and must be written in easily understandable English.

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

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

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

17. Does the application propose a well or septic system? \_\_\_\_\_

18. Have any proposed lot numbers been reviewed with the Tax Assessor to determine appropriate lot and block numbers? \_\_\_\_\_

19. Are any off-tract improvements required or proposed? \_\_\_\_\_  
If yes please explain.

20. Is the subdivision to be filed by Deed or Plat? \_\_\_\_\_

21. What form of security does the applicant propose to provide as performance and maintenance guarantees? \_\_\_\_\_

22. Other approvals, which may be required and date plans submitted:

	Yes	No	Date Plans Submitted
NJ American Water			
*Municipal Utilities Div.			
Atl. Co. Board of Health			
Atl. Co. Health Dept.			
Atl. Co. Planning Board			
Cape Atlantic Soil Conservation			
NJ Dept. Envir. Protect (CAFRA)			
NJ Pinelands Commission			
NJ Dept. of Transportation			
NJ Council on Affordable Housing			
Other			

\* Must be in compliance with the Galloway Township Code Section 281-19 B (1)  
The Planning Board will not grant preliminary approval for any development or subdivision prior to preliminary submission to the Township MUD.

23. List of maps or reports and other materials accompanying the application.

#	Description of Item	#	Description of Item

Attach additional pages as required for complete listing.

## CERTIFICATIONS

24. I certify that the foregoing statements and the materials submitted are true. I further certify that I am that the individual applicant or that I am an Officer of the Corporation and that I am authorized to sign the application for the Corporation or that I am general partner of the partnership applicant. If the applicant is a corporation than an authorized corporate officer must sign this certification. If the applicant is a partnership, a general partner must sign this certification.

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

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NOTARY PUBLIC

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APPLICANT'S SIGNATURE

25. 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 by the applicant and the decision of the Board in the same manner as if I were the applicant. If the owner is a corporation an authorized corporate officer must sign this. If the owner is a partnership, the general partner must sign this certification.

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

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NOTARY PUBLIC

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APPLICANT'S SIGNATURE



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 \_\_\_\_\_.

\_\_\_\_\_  
Sharon Riley, Tax Collector

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