

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

An applicant shall submit to the Planning Board or the Zoning Board of Adjustment for verification of completeness of application documents. 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.

Documents will be distributed for completeness review by 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 or Planning Board 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.

### **ALL APPLICANTS APPLYING TO EITHER BOARD MUST SUBMIT AS PART OF YOUR APPLICATION THE FOLLOWING ITEMS:**

1. Completed original application plus ten (10) copies.
2. (If Applicable) Pinelands Certificate of Filing or No Interest Letter. Original plus ten (10) copies.
3. Proof of Payment of Taxes (See attached Form # 6) indicating that all property taxes are current. Must be provided as part of the original application package.
4. Current "Certified List of Property Owners" within 200 feet of project, received by the Tax Assessor. Must be provided as part of the original application package.
5. **ZONING BOARD APPLICATIONS:** Completed original application plus ten (10) copies. Ten (10) copies of a current survey of the site. Four (4) original pictures plus ten (10) copies of the four (4) angles of the property in question must be submitted with the application.
6. **Tree Clearing: Proof of no tree clearing or proof of proper permitting or notification of any permitted tree clearing within two years of application.**

### **All Site Plans and Subdivision applications must be submitted with the following items:**

- Ten (10) Copies of plans in full size format (24' x 36' or 30' x 42').
- One (1) Copy of plans in half scale format (11' x 17').
- One (1) disk PDF of all plans.
- Ten (10) copies of the short form Community Impact Statements
- Seven (7) copies of Traffic and Environmental Impact Reports, and Stormwater Calculations.

**ALL MAJOR SUBDIVISIONS AND SITE PLANS** must be submitted in digital format. The digital files shall be compatible with AutoCAD or submitted in PDF format. All digital should be on CD-ROM Media

**ALL SITE PLANS: MUST ADHERE TO §233-56(D) REFUSE AND RECYCLING AND THE GALLOWAY CODE §273-12 MANDATORY COMMERCIAL AND INSTITUTIONAL SOURCE SEPARATION PROGRAM PLACEMENT OF RECEPTACLES IN PUBLIC AREAS.**

**ALL APPLICATIONS:** A Pinelands 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). **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)

**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 of Atlantic City” **no later than ten (10) days prior to the date of the meeting. Remember the hearing date cannot be counted in these ten (10) days.**

**Planning Board: The Proof of Service form and the completed Planning attachments: #4, #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:**

**Zoning Board: 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.
- (c) Original copy of the legal notice as published in the paper, an affidavit of publication.
- (d) Public notice from the certified property list sent via certified mail includes "white return receipt requested slips". Proof of notice for the notices that were hand delivered to the surrounding property owners and the copy of the legal notices that were signed and dated by all surrounding property owners.

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

#### **APPLICATIONS SUBMITTED TO THE PLANNING BOARD**

**NOTE:** For all subdivision applications, other approvals may be required, including but not limited to the Atlantic County Planning Board, the Cape Atlantic Soil Conservation District, NJDEP (New Jersey Department of Environmental Protection), NJDOT (NJ Department of Transportation) and approval from the GTMUD (Galloway Township Municipal Utilities Department). Review of your application by any other required agency should be done simultaneously to expedite the approval process.

Plats must also contain the required certification for approval from various municipal and county offices. In order to validate the municipality approval all subdivision plans must be recorded with the Atlantic County Clerk within the time limits as prescribed by law.

#### **APPLICATIONS SUBMITTED TO THE ZONING BOARD OF ADJUSTMENTS**

**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.**

**Additional Information:**

The Board will inform you of a decision regarding your application during your scheduled meeting date. If the Board requires additional item(s) as conditions of approval you will be made aware of these requirements the evening that your hearing is held.

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

**NOTE:** If you require any additional information you will be responsible for publishing a Notice of Decision in an official Township newspaper.

The Community Impact Statement: Short Form and the Traffic Impact Statement: Short Form must be completed with each application requiring those impact statements as a checklist requirement.

**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. This office is no longer required by Ordinance to provide the Pinelands with any board approvals or reports. It is the applicant responsibility.**

**GALLOWAY TOWNSHIP**

<p><b>PLANNING BOARD ENGINEER</b></p> <p>POLISTINA &amp; ASSOCIATES          6684 Washington Avenue          Pleasantville, NJ 08234          Attn. Vince Polistina          Phone: (609) 646-2950 Fax: (609) 646-2949</p>	<p><b>ZONING BOARD ENGINEER</b></p> <p>KATES SCHNEIDER ENGINEERING          215 Rt. 9 South          Box #10, 2<sup>nd</sup> Floor          Marmora, NJ 08223          Attn. Paul Kates          Phone: (609) 365-1747</p>
<p><b>PLANNING BOARD ATTORNEY</b></p> <p>RIDGWAY &amp; RIDGWAY          15 Shore Rd          PO Box 277          Linwood, NJ. 08221          Attn: John Ridgway          Phone (609) 927-0126 Fax (609) 927-1867</p>	<p><b>ZONING BOARD ATTORNEY</b></p> <p>DASTI, MURPHY, MCGUCKIN,          ULAKY, KOUTSOURIS &amp; CONNORS          620 Lacey Rd.          Lacey Township, NJ. 08731          Attn: Christopher J. Connors          Phone (609) 971-1010</p>

**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**

**Application is for:** Zoning Board \_\_\_\_\_ or Planning Board \_\_\_\_\_ (check one)

**Subject Property**

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

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

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

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

**Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

# 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\_\_\_\_\_

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

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

Address \_\_\_\_\_

\_\_\_\_\_

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

**Applicant's Attorney**\_\_\_\_\_

Address\_\_\_\_\_

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

FAX Number \_\_\_\_\_ Email address\_\_\_\_\_

**Applicant's Engineer**\_\_\_\_\_

Address\_\_\_\_\_

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

FAX Number\_\_\_\_\_ Email Address\_\_\_\_\_

**Applicant's Planning Consultant**\_\_\_\_\_

Address\_\_\_\_\_

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

FAX Number\_\_\_\_\_ Email Address\_\_\_\_\_

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

Address\_\_\_\_\_

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

FAX Number\_\_\_\_\_ Email Address\_\_\_\_\_

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\_\_\_\_\_

**APPLICANT IS REQUESTING THE FOLLOWING:**  
**(Check all that apply)**

- \_\_\_\_\_ Extension of approval
- \_\_\_\_\_ Conditional Use 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]

**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:**

- \_\_\_\_\_ Amendment or Revision to an Approved 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 \_\_\_\_\_

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

\_\_\_\_\_



**VARIANCES:**

- \_\_\_\_\_ "C" Variance [N.J.S.A. 40:55D-70c]  
(A variance from application of the 'area and bulk' regulations of the zoning district.)
- \_\_\_\_\_ "D" Use Variance [N.J.S.A. 40:55D-70d.1 & 2]  
(A variance to permit a use or principal structure in a zoning district restricted against such use or principal structure or expansion of a nonconforming use.)
- \_\_\_\_\_ "D" Non-Use Variance [N.J.S.A. 40:55D-70.d 3,4,5 or 6]  
(A variance from a specification or standard pertaining to a conditional use: for an increase in a permitted floor area ratio; an increase in the permitted density; or, an increase in the height of a principal structure by 10 feet or 10% of the permitted height.)
- \_\_\_\_\_ Other relief. **Specify** \_\_\_\_\_

	<b>CODE REQUIRED</b>	<b>EXISTING CONDITIONS</b>	<b>PROPOSED IMPROVEMENTS</b>	<b>CONFORMITY STATUS</b>
Use				
Lot Area				
Lot Width				
<b>SETBACKS</b>				
<i>Front</i>				
<i>Right Side</i>				
<i>Left Side</i>				
<i>Rear</i>				
Building Height				
Building Coverage				
Total Site Coverage				
Parking Spaces				
<b>Signs</b>				
<i>Location</i>				
<i>Size</i>				

**C** – Conforms to Land Management Ordinance of the Township of Galloway

**DNC** – Does not conform to Land Management Ordinance of the Township of Galloway

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

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Reason for Variance(s):

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

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Explain in detail the exact nature of the application as well as proposed changes at the site including the proposed use of the premises:  
**Attach pages as needed.**

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If Subdivision, have any proposed lot numbers been reviewed with the Tax Assessor to determine appropriate lot and block numbers? \_\_\_\_\_

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

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

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

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

**CORPORATE DISCLOSURE STATEMENT  
AS REQUIRED BY NEW JERSEY LAW  
(N.J.S.A: 40:55D-48.1 & 48.2)**

Listed below are names and addresses of all owners of 10% or more of the stock/interest\* in the undersigned applicant corporation/partnership:

NAME	ADDRESS

\*Where corporation/partnership own 10% or more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names and addresses of the non-corporate stockholders/individuals partners exceeding the 10% ownership criterion have been listed.

Signature of Officer/ Partner\_\_\_\_\_

Name of applicant, Corporation/Partnership\_\_\_\_\_

Date\_\_\_\_\_

**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\_\_\_\_\_.

\_\_\_\_\_

Tax Collector

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

**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, Sean Gaskill  
300 E. Jimmie Leeds Road  
Galloway, New Jersey 08205

**GALLOWAY TOWNSHIP**

(EITHER PLANNING BOARD OR ZONING BOARD OF ADJUSTMENT)

**PUBLIC NOTICE**

You are hereby notified that \_\_\_\_\_ has  
(NAME)

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 \_\_\_\_\_  
(PROPERTY ADDRESS)

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 \_\_\_\_\_ pm, in the Municipal Complex, 300 E. Jimmie Leeds Road, Galloway,  
(TIME)

New Jersey on \_\_\_\_\_. All documents pertaining to this application  
(MEETING DATE)

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 \_\_\_\_\_



**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  
Ordinance 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\_\_\_\_\_.

**GALLOWAY TOWNSHIP  
MUNICIPAL BUILDING  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NEW JERSEY 08205  
FAX: 609-652-5259**

**CONSENT TO AN EXTENSION OF TIME FOR OFFICIAL ACTION**

Date: \_\_\_\_\_ Application # \_\_\_\_\_

Block: \_\_\_\_\_ Lot \_\_\_\_\_

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

\_\_\_\_\_ Zoning Board of Adjustments

Applicant: \_\_\_\_\_

The undersigned applicant, or individual authorized to act for the applicant, hereby consents to an extension of time within which the Board designated above shall be required to act on the application designated above to:

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Date should be the last day of the month in which action is anticipated.

Notwithstanding the provisions of the Municipal Land Use Law or the provisions of any Ordinance of Galloway Township which may require action within specific time limitations.

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Signature of Authorized Representative

**Return for filing to:**

Planning/Zoning Board Administrator  
Galloway Township Municipal Complex  
300 E. Jimmie Leeds Road  
Galloway, New Jersey 08205