



BOROUGH OF SPOTSWOOD
APPLICATION FOR ZONING VARIANCE

Date Received:

THIS FULLY COMPLETED FORM MUST BE FILED WITH THE PLANNING BOARD SECRETARY AT LEAST THIRTY (30) DAYS PRIOR TO THE SCHEDULED HEARING.

Applicant's Name: _____ Application Number: _____
Applicant's Address: _____ Block #: _____ Lot #: _____
_____ Application Fee: _____
Phone: _____ Escrow Fee: _____
Contact Email: _____ Date Filed: _____

- 1. If applicant is not the legal owner of the property, please provide the following:
 - a. Name of owner: _____
 - b. Address of owner: _____
 - c. Applicant's interest in the property: _____ Date interest was acquired: _____
 - d. If you are not the property owner you must attach a letter of authority from the property owner authorizing the applicant to act on his/her behalf for the purpose of this application, or a Copy of Contract of Sale of the Property.

2. Please select all that apply: Bulk Variance Use Variance Other Specify: _____

3. Please list each variance you are requesting and state the why the variance(s) is needed: _____

4. The premises affected are located at: _____
and shown on the Official Tax Map, Block # _____, Lot # _____. Zoning District: _____
Size of lot: Width: _____(ft) Depth: _____(ft) Area: _____(square feet)
Size of building: Width: _____(ft) Depth: _____(ft) Area: _____(square feet)
Main building setbacks: Proposed front setback: _____(ft) Proposed rear setback: _____(ft)

Proposed left side setback: _____(ft) Proposed right side setback: _____(ft)

Proposed number of stories: _____ Building height in feet: _____(ft)

Percent of lot coverage by all buildings: Existing: _____% Proposed: _____%

Percent of lot coverage by all buildings and pavement: Existing: _____% Proposed: _____%

Accessory building will be set back from: Side property line: _____ (ft) Rear property line: _____ (ft)

5. Present type of occupancy or use: _____
6. Proposed type of occupancy of use: _____
7. Attach in duplicate, an original sealed survey of the site showing the actual dimensions of the site under consideration.
8. Attach in duplicate, a sealed plan drawn to scale showing the actual dimensions of the site under consideration, proposed locations of buildings and accurate dimensions thereof. If any signs or other design elements are proposed, attach a drawing showing dimension and details. The above plan or sketch shall bear the seal of a licensed professional engineer or architect in the State of New Jersey or in lieu thereof an affidavit sworn to the person who prepared them as to the accuracy of measurements thereon.
9. Attach a completed Application Fee and Escrow Deposit Fee Calculation Sheet
10. Office of the Tax Collector Verification (To be completed by the Tax Search Officer of the Borough Spotswood)

The Tax records at this office indicate that there are, are not delinquent taxes or assessments on the above described properties know as Block: _____, Lot: _____.

/s/ _____
Tax Search Officer Date

I swear or affirm that made by me are true. I am aware that if any of the forgoing statements made by me are willfully false, I am subject to punishment by contempt of court.

Applicant's Signature

Applicant's Name Date

Sworn and subscribed before me,

This _____ day of _____, 20_____

Notary Public, State of New Jersey