

Borough of Bernardsville

Incorporated June 2, 1924

Somerset County

Route U.S. 202, P.O. Box 158

Bernardsville, NJ 07924

Administration (908) 766 - 3000

FAX (908) 766 - 2401

Engineering (908) 766 - 3850

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APPLICATION FOR: SITE PLANS

2nd Draft 5/11/01 - As Adopted 5/24/2001

1st Draft 5/4/01

For Official Use: Application # _____ Date Received: _____ (Doesn't indicate complete application)

Fee: \$ _____, Received: _____ Escrow: \$ _____, Received: _____

Property Location: Block _____, Lot(s) _____ Street Address _____

Zone _____ Tract Area _____

Applicant's name(s): _____ Owner's name(s); _____

APPLICATION TYPE: FEE & ESCROW DEPOSIT (CHECK ALL THAT APPLY):

Concept Plan

No Fee or Escrow if review by Board's Engineer/Attorney/Planner is not needed or requested.

If Professional Review requested or needed: Fee: \$ 250.00 Escrow: \$ 500.00

Minor Residential Site Plan (including in-house & detached accessory apartments, professional use)

Fee: \$ 500.00 + \$ 300.00 if Variance(s) = \$ _____

Escrow: \$1,000.00 + \$ 750.00 if Variance(s) = \$ _____

Non-Residential Site Plan Review/Waiver (ie. facade changes without site work, building expansion or variances)

Fee: \$ 250.00

Escrow: \$ 500.00

Minor Non-Residential Site Plan (including outdoor dining)

Fee: (from attached schedule): _____

Escrow: (from attached schedule): _____

Major Non-Residential Site Plan - Preliminary

Check if Amendment

Fee: (from attached schedule): _____

Escrow: (from attached schedule): _____

Major Non-Residential Site Plan - Final

Check if Amendment

Fee: (from attached schedule): _____

Escrow: (from attached schedule): _____

- Preliminary Multi-Family Site Plan**
- Fee: (from attached schedule): _____
- Escrow: (from attached schedule): _____

Check if Amendment

- Final Multi-Family Site Plan**
- Fee: (from attached schedule): _____
- Escrow: (from attached schedule): _____

Check if Amendment

1. Applicant s Name(s):
 Address:
 Telephone No.: _____ FAX: _____
 Interest of Applicant, if other than owner:
 Check one: Individual; Corporation; Partnership; Limited Liability Company
 Other (Specify): _____

Attach list of names & addresses of shareholders or partners if/as required per NJSA 40:55D-48.1, 48.2 (10% or more).

2. Owner s name(s): _____ Purchase Date: _____
 Address: _____
 Telephone No.: _____ FAX No.: _____

3. *If Applicant is represented by a New Jersey attorney:*
 Attorney s Name: _____
 Address: _____
 Telephone No.: _____ FAX No.: _____

4. Name(s) and address(es) of NJ licensed professionals (e.g.architect, engineer, planner) preparing plans and/or reports (*Attach sheet if necessary*):
- | | | |
|----------------|-------------------|----------------|
| Name: _____ | Profession: _____ | |
| Address: _____ | Phone: _____ | FAX No.: _____ |
| Name: _____ | Profession: _____ | |
| Address: _____ | Phone: _____ | FAX No.: _____ |
| Name: _____ | Profession: _____ | |
| Address: _____ | Phone: _____ | FAX No.: _____ |

5. Number of Proposed Lots: _____ Number of Dwelling Units: _____

6. Current Use: _____

7. Proposed use/brief project description: _____

8. Is a new Public Road* or Private Road* proposed? *Or extension of same.

9. (a) Check if zoning variance(s) required.
 (b) Check if exceptions to the application or municipal requirements are requested (NJSA 40:55D-51).
 (c) Check if exceptions to the NJ Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.1) requested.
 (d) Check if waivers from the NJ RSIS (N.J.A.C. 5:21-3.2) are requested. (Such waivers require application to, and approval of ther N.J. Site Improvement Advisory Board.)

NOTE:*If any of the above four (9a,b,c,d) are required, attach herein separate statement for each category of relief sought, stating tyhe factual basis and legal theory.*

10. Does the Owner or Applicant own any land contiguous to the subject lot(s). If yes, describe:

11. (a) Are there any existing Deed Restrictions? (Check box that applies) NO YES (Attach copy of existing restrictions).

(b) Are any Deed Restrictions proposed? (Check box that applies) NO YES (Attach copy of proposed restrictions).

12. Contemplated form of ownership (Check all that apply):

Fee Simple Condominium

13. Briefly describe and include dates for any prior or currently pending proceedings by the applicant or others (if known), before this Planning Board or Zoning Board or any other federal, state, or local board or agency involving the property which is the subject of this application. (Attach sheet if necessary).

14. List any documents accompanying this application (Attach sheet if necessary).

10 sets of plans required - Mandatory

Completed Checklist Required - Mandatory

Tax Collector s Certification indicating status of taxes - Mandatory

Other - List:

APPLICANT S SIGNATURE(S)

Signature

Date

Signature

Date

Type or print name

Type or print name

CONSENT OF OWNER

I (we), the undersigned, being the owner(s) of the lot or tract described in this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I (we) further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. (If owned by a corporation or a limited liability company, attach copy of resolution authorizing application and officer signature.)

Signature

Date

Signature

Date

Type or print name

Type or print name