

TOWNSHIP OF LOWER

2600 Bayshore Road
Villas, New Jersey 08251



Incorporated 1798

(609) 886-2005

ON ADVICE OF COUNSEL

THE OFFICE STAFF IS UNABLE TO ASSIST IN COMPLETING
APPLICATIONS OR LEGAL ADS, BEYOND SUPPLYING
INFORMATION ON REQUIREMENTS AND DEADLINE DATES

**IF YOU FIND COMPLETION OF THE APPLICATION DIFFICULT, WE
SUGGEST THAT YOU OBTAIN LEGAL COUNSEL.**

ACCEPTANCE OF YOUR APPLICATION BY THIS OFFICE DOES NOT GUARANTEE A
POSITION ON THE AGENDA. IT IS NECESSARY THAT THE APPLICATION FIRST BE
DEEMED COMPLETE AND CORRECT.

EARLY SUBMISSION MAY GIVE TIME FOR CORRECTIONS OR AMENDMENTS
BEFORE THE DEADLINE, SO THAT POSTPONEMENT UNTIL THE FOLLOWING
MONTH'S MEETING MAY NOT BE NECESSARY.

PLEASE READ INSTRUCTION SHEETS CAREFULLY.

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THE OFFICIAL NEWSPAPER OF THE TOWNSHIP OF LOWER IS NOW THE CAPE MAY STAR & WAVE. ALL LEGAL ADS, INCLUDING THOSE NOTICING VARIANCE HEARINGS, MAJOR SUBDIVISIONS, ETC., MUST NOW APPEAR IN THIS PAPER AT LEAST 10 DAYS PRIOR TO THE HEARING DATE.

CAPE MAY STAR & WAVE

600 PARK BLVD.

BUILDING 4, UNIT 28

WEST CAPE MAY, NJ 08204

(609)884-3466

FAX (609)884-2893

THE CAPE MAY STAR & WAVE IS PUBLISHED WEEKLY, ON THURSDAY.

DEADLINE FOR SUBMISSION OF ADS IS ON MONDAY AT 5:00 PM.

PLEASE CHECK WITH THE PAPER FOR DEADLINE IF IT FALLS NEARS A HOLIDAY.

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READ ALL INSTRUCTIONS PLEASE USE FORMS WE PROVIDE

PLANNING BOARD MEETINGS ARE HELD THE 3rd THURSDAY OF EACH MONTH,
WITH A WORK SESSION HELD THE 2nd THURSDAY, 7:00 PM PREVAILING TIME.

INSTRUCTION SHEETS PLANNING BOARD VARIANCE

MEETING DATE: _____

SUBMIT 21 DAYS
PRIOR TO
MEETING, or BY

Corporate Disclosure, if applicable
Condo Associations approval, if applicable
20 copies of all plans, application, etc., accompanied by
appropriate fees and proof that payment of taxes is current (Tax
Collector's Signature on subdivision plan or site plan application.)
If subdivision is involved, plan must be signed by owner(s). ALL
PAPER, PLANS AND FEES MUST BE SUBMITTED SIMUL-
TANEOUSLY(400-75B(4) and 400-77F(1)) DO NOT SEND
FEES OR APPLICATION "Under separate cover" and
One original W-9 form signed by applicant with Social Security
Number or Tax ID #.

SUBMIT TO
NEWSPAPER on

Form #2 (Notice of Appeal or Application) to be printed as a legal
advertisement one time, at least ten (10) days prior to the hearing.
CAPE MAY STAR & WAVE at 600 Park Blvd. Building 4, Unit
28, Cape May published weekly, on Thursday. Please check with
the newspaper for exact deadline time. We suggest that you submit
wording of your ad to us at the earliest possible date, to avoid the
possibility of an incomplete ad which would cause a month's
delay.

MAIL OR HAND-
DELIVER NOTICES
BY:

NJ STATE LAW requires, in addition to the advertisement, the same notice be sent to every property owner within 200' of subject property, at least 10 days prior to the hearing. This notice should be done by CERTIFIED RETURN RECEIPT or hand delivered to the person whose name appears on the list, not renter or relative. We suggest those served by hand sign or initial your copy of the list. NOTICE ALL NAMES ON LIST, even if you know them to be deceased or moved. A certified property owners' list may be obtained from the Assessor's Office at a cost of \$10.

RETURN TO
PLANNING OFFICE
on or Before:

Copy of certified list, all white P. O. receipts, Affidavit (Form #3) completed and with signatures notarized, and Proof of Publication which newspaper will send to you. RECEIPTS MAY NOT BE SUBMITTED AT THE MEETING.

The law does not permit the Board to hear and rule on applications after midnight of the day for which the hearing was advertised.

ALTHOUGH EVERY EFFORT IS MADE FOR EXPEDIENT HANDLING OF ALL ITEMS ON EACH AGENDA, AT TIMES THE NUMBERS OF APPLICATIONS INCREASE, NECESSITATING ONE OR MORE SPECIAL MEETINGS TO BE CALLED. WE REGRET SUCH DELAY, BUT CANNOT CONTROL IT. THEREFORE, PLEASE UNDERSTAND THAT THE PLACEMENT OF YOUR APPLICATION ON ANY SPECIFIC AGENDA DOES NOT GUARANTEE APPROVAL AT THAT MEETING. THE APPLICANT IS ADVISED THAT ANY APPLICATION MAY BE CONTINUED TO A FUTURE MEETING DATE, DUE TO APPLICANT ERRORS, OMISSIONS, OR LARGE BOARD AGENDAS. GIVE YOURSELF PLENTY OF TIME! DO NOT MAKE FINAL ARRANGEMENT FOR SETTLEMENT OR FOR CONSTRUCTION TO BEGIN IMMEDIATELY FOLLOWING THE ADVERTISED MEETING DATE.

APPLICANT IS RESPONSIBLE FOR ACCURACY AND COMPLETENESS OF THE INFORMATION GIVEN ON THE APPLICATION.

Applicant may wish to consider the services of an attorney for guidance in filing this application, although this is not required, unless it involves a corporation.

APPLICANT, OR AN ATTORNEY, MUST BE PRESENT AT THE HEARING.

A CONDOMINIUM UNIT MUST HAVE WRITTEN APPROVAL FROM THE CONDOMINIUM ASSOCIATION.

IF APPLICANT IS NOT OWNER OF SUBJECT PROPERTY, A COPY OF THE AGREEMENT OF SALE, OR LEASE, MUST ACCOMPANY APPLICATION.

WE WILL SEND YOU A COPY OF THE RESOLUTION REGARDING THE OUTCOME OF THIS APPLICATION, AS SOON AS WE RECEIVE IT FROM THE BOARD SOLICITOR.

PLEASE BRING YOUR COPY OF THIS RESOLUTION WITH YOU WHEN YOU APPLY FOR YOUR BUILDING PERMIT, AND SHOW IT TO THE SECRETARY IN THE ZONING OFFICE. THIS WILL SAVE YOU TIME AND TROUBLE IN OBTAINING YOUR PERMIT, AND AVOID MISUNDERSTANDING.

IF YOU MUST APPLY FOR YOUR PERMIT BEFORE RECEIVING YOUR RESOLUTION, TELL THE INSPECTOR OR SECRETARY THAT YOU HAVE RECEIVED A VARIANCE APPROVAL.

DIAMOND BEACH APPLICATIONS MUST BE SENT TO WILDWOOD WATER UTILITY.

ALL SITE PLAN AND MAJOR SUBDIVISION APPLICATIONS MUST BE COPIED TO THE FIRE CODE OFFICIAL. (Ordinances 90-17, 91-22)

ALL SITE PLAN AND SUBDIVISION APPLICATIONS MUST BE ACCOMPANIED BY A CAPE MAY COUNTY PLANNING BOARD SUBMISSION FORM.

FEES:

Hardship variance	\$300.00 + Escrow (\$150.)
Conditional Use	750.00 + Escrow (\$100. + \$150.)
Permit	750.00 + Escrow (\$150.)
Waiver of Design Standards	300.00 + Escrow (\$150.)
Extension of Subdivision	150.00 + Escrow (\$150.)
Special meeting at request of applicant	\$1,125.00

All escrow fees paid with application are estimated only. Actual total escrow bill shall be subject to invoices generated by the Township Engineer. You may be required to pay additional escrow fees.

LOWER TOWNSHIP PLANNING BOARD
APPLICATION FOR DEVELOPMENT (FORM #1)

Applicant's
Name: _____ Phone _____

Address: _____ Zip _____

Owner's Name: _____

Owner's Address: _____

Subject Property - Street Address: _____

Subject Property - Block & Lot Numbers _____

1. Specify which power(s) the Planning Board is requested to exercise:

70c.1 Hardship Variance

70c.2 Variance

67 Conditional Use

34 Building Permit in street bed, public drain area, etc.

35 Building Permit where lot does not abut street

Other (Specify)

2. Request is hereby made for permission to _____

contrary to requirements of Section (s) _____ of the Development Ordinance.

2a. List all variances sought: _____

Said property measures _____ x _____ and contains approximately _____

square feet, and is located in the _____ Zoning District.

with _____ without _____ sewer.

3. The size of the proposed building is _____ x _____; Height _____;
stories _____; square feet _____.

4. The setbacks of the principal building will be: Front _____; Front _____;
Rear _____; Side _____; Side _____; Percent of lot coverage _____.

5. Setbacks of accessory building will be: (if applicable)
Front _____; Rear _____; Side _____; Side _____; Percent of lot coverage _____
6. Supply a statement of facts showing why relief can be granted without substantial detriment to the public good, and will not substantially impair the intent and purpose of the Zone Plan and Development Ordinance.
7. What are the EXCEPTIONAL conditions of the property supporting the granting of the variance?

I, _____, do hereby certify that the information presented in this application is true and accurate, to the best of my knowledge.

Signature

Date

Applicant E-mail address

NAME, ADDRESS AND PHONE OF ATTORNEY,
IF APPLICANT WILL BE REPRESENTED:

Either the applicant, or an attorney, must be present at the hearing.

NOTICE OF APPEAL OR APPLICATION
FOR DEVELOPMENT (Form #2)

Applicant/Appellant's Name and Address:

Owner's Name and Address:

Subject Property - Street Address:

Subject Property - Block and Lot Numbers:

TAKE NOTICE that a hearing will be held before the Planning Board at the Lower Township Municipal Building meeting room, 2600 Bayshore Road, Villas, NJ 08251, on the _____ of _____, 20__ at 7:00 PM, to consider an Appeal or Application for Development regarding the above-mentioned property, wherein the Appellant or Applicant is seeking to:

contrary to Section(s) _____ of the Development Ordinance.

Maps and documents relating to the said matter, if any, will be available for public inspection in the office of the Secretary of the Planning Board at the Lower Township Municipal Building, 10 days prior to the hearing date, during normal business hours.

AFFIDAVIT OF SERVICE AND PUBLICATION

Applicant's Name and Address:

Subject Property - Street Address:

Block/Lot Numbers:

Concerning the above, I _____, upon my oath, according to law, say:

- 1. I am the affiant in the above captioned matter.
- 2. The service of a copy of a Notice of Application for Development or Appeal has been made upon the following persons, in the matter designated:

Person Served

Mode of Service

(Either hand-delivery or by Certified Return Receipt Mail)

2a. Said Notices were deposited in the United States Post Office in _____ on _____
(City and State) (Date)

3. Other Service or Public Notices were made as follows:
(List name of official newspaper, after publication)

4. Attached hereto and; made a part hereof are personal acknowledgments, return receipts evidencing service, and an affidavit of publication by the official newspaper of the municipality, and a copy of the certified list of property owners within 200' of subject property.

5. I understand that the within is a sworn statement taken under oath, and any false statements contained herein may subject me to fine, imprisonment, or both.

(Affiant's Signature)

NOTARY AND SEAL

REPRESENTATION OF PARTIES

OWNER _____

Zoning Board _____

BLOCK _____ LOT _____

Planning Board _____

I, _____, have made the above referenced application for development, and shall;

_____ represent myself at the Board hearing.

_____ will be represented by an attorney at law, admitted to practice in the State of New Jersey.

Signature

_____ Applicant

_____ Owner

NAME AND MAILING ADDRESS OF ATTORNEY REPRESENTING APPLICANT:

PHONE _____

****CORPORATE DISCLOSURE certifies the stockholders owning ten percent (10%) or more of stock in the corporation**

***CORPORATION MUST BE REPRESENTED BY A NJ ATTORNEY AT LAW.**

**** SHALL BE FILED BY CORPORATION OR PARTNERSHIP APPLYING FOR PERMISSION TO: (a) SUBDIVIDE A PARCEL OF LAND INTO 6 OR MORE LOTS: or (b) OBTAIN A VARIANCE TO CONSTRUCT A MULTIPLE DWELLING OF 25 OR MORE FAMILY UNITS: or © USE A SITE FOR COMMERCIAL PURPOSES.**

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
 U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,