

# TOWNSHIP OF LOWER

2600 Bayshore Road  
Villas, New Jersey 08251



Incorporated 1798

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(609) 886-2005

TO: ALL APPLICANTS  
DATE: OCTOBER 23, 1998  
RE: SEPARATE CHECKS NEEDED

As of this date, ALL ESCROW FEES submitted with any application must be on a separate check from the application fees.

One check should include all application fees.

A second check should include all engineering fees plus the \$150. resolution escrow fee.

Thank you for your cooperation.

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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 THE FORMS PROVIDED

## INSTRUCTION SHEETS ZONING BOARD OF ADJUSTMENT APPLICATION FOR DEVELOPMENT

MEETING DATE \_\_\_\_\_ 7: PM

AT LEAST  
15 DAYS  
PRIOR TO  
MEETING

Submit to the Zoning Office the following:

- A. One sealed survey of a NJ licensed surveyor showing all existing conditions with dimensions and setbacks, and twenty (20) copies showing existing and proposed conditions. See affidavit attesting to accuracy of sealed survey.
- B. Twenty (20) copies of the 2 page application which follows these instructions, and which must include:
  1. Correct block and lot numbers
  2. Brief description of all variances sought (Not just the number)
  - 2a. No narrative. List all variances sought by name, such as: "area", "lot coverage", "side yard setback", etc.
  3. Accurate measurements, percentage of coverage, etc. (Agreeing with survey)
  4. Answers to all appropriate questions on Page 2:
    - #5 Answer if a garage, shed, pool is involved.
    - #6 and #8 Answer if a hardship variance is requested.
    - #7 Answer if an interpretation is requested.
    - #6 and #9 Answer if a use variance is requested.
- C. Appropriate Fee or Fees, plus Escrow Fee of \$150.:

Hardship c.1 of c.2	\$300.	Interpretation	\$375.
Appeal	\$750.	Conditional Use	\$750.
Permit	\$750.		
Use Variance	\$400. first unit/\$200. additional unit/lot		
Extension of a Previous and Unexpired Approval			\$150.
Certification of Non-Conforming Use			\$100.
- D. Form obtained from Tax Office stating that taxes are current.
- E. Letter from condo association, if applicable.
- F. Representation of Parties and Corporate Disclosure, if the applicant is incorporated.
- G. One original W-9 form signed by applicant with Social Security Number or Tax ID #.

**IMPORTANT** - The next two deadline dated involve requirements of **NJ STATE**, not the Township. They cannot be waived. If not met, your application may not be heard by the Board.

Although State law requires notice only ten (10) days prior to the hearing, experience has taught us the **EARLY NOTICE** avoids possible delay until the next month's meeting date. We suggest submission of the wording of the ad to this office as soon as possible, and submission of white Post Office receipts and copy of list as soon as completed, rather than waiting until the deadline. **Be sure to notice the County, Electric Company, and other utilities** if they are on the cover page of the property owners' list that you receive from the Assessor. If you miss them, the application may not be heard. You need not wait until all green cards are received. Some never are returned. We check the notification against the list, from the white Post Office receipts.

ZBA INSTRUCTION SHEET - PAGE 2

SUBMIT TO  
NEWSPAPER  
on or Before:

Completed Form #2 (Notice of Application). This must be published once as a legal ad at least 10 days prior to the meeting and must include all variance sought, making clear to the readers why a variance is required. Include day, date, time of meeting, correct block and lot, and street address. CAPE MAY STAR & WAVE is a weekly paper, published on Thursdays. Please check with newspaper for exact deadline time. If deadline is near a holiday, please contact them at (609)884-3466. 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.

AT LEAST 10  
DAYS PRIOR  
TO MEETING,  
or BY:

Completed Form #2 (Same as Notice to paper) must be sent to all property owners within 200' of subject property, in accordance with NJSA 40:55D-12, et. seq. REQUEST A CERTIFIED LIST OF PROPERTY OWNERS FROM THE ASSESSOR'S OFFICE at a cost of \$10. - Notices must be sent Certified Return Receipt, or hand delivered to the person whose name appears on list - NOT a renter or relative. If hand delivered, we suggest having owners sign or initial your list. Send to ALL on list, even if you know they have moved or are deceased.

IF VACANT LAND EXISTS ADJACENT TO YOUR PROPERTY YOU MUST SEND A CERTIFIED LETTER REQUESTING PURCHASE OF ENOUGH LAND TO MAKE YOUR PROPERTY CONFORM, AND SUPPLY THIS OFFICE WITH A COPY OF SAID LETTER AND RECEIPT, OR SUPPLY A SIGNED REFUSAL OF SALE FROM THE OWNER OF THE VACANT LAND. (See Sample Form #4 attached)

ON OR BEFORE  
MONDAY PRIOR  
TO MEETING

RETURN TO THE ZONING OFFICE, THE FOLLOWING:

1. All white P.O. receipts filled in with names and addresses to whom they were sent.
2. Copy of your certified list of owners.
3. Any green reply cards you have received.
4. Form #3 - the Affidavit -FILLED IN and with your notarized signature. **DO NOT SIGN UNTIL ALL NOTICES HAVE BEEN MAILED AND AD PLACED.** Sign in front of Notary.

IF DEADLINES ARE NOT MET, APPLICATION MAY NOT BE HEARD UNTIL THE FOLLOWING MONTH, AND YOU WILL HAVE TO RE-NOTICE FOR THE NEW DATE.

EITHER THE APPLICANT OR AN ATTORNEY MUST ATTEND THE HEARING, OR APPLICATION WILL NOT BE HEARD.

FEEES, APPLICATION FORMS, SURVEYS AND PROOF OF CURRENT PAYMENT OF TAXES MUST ALL BE SUBMITTED TOGETHER AND BEFORE THE DEADLINE.

**IF APPLICANT IS NOT OWNER, A COPY OF AGREEMENT OF SALE OR LEASE MUST BE SUBMITTED WITH YOUR APPLICATION.**

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

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**APPLICANT MAY WISH TO CONSIDER THE SERVICES OF AN ATTORNEY FOR GUIDANCE IN FILLING OUT OR FILING THE APPLICATION, ALTHOUGH THIS IS NOT REQUIRED BY LAW UNLESS IT INVOLVES A CORPORATION.**

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

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

LOWER TOWNSHIP ZONING BOARD OF ADJUSTMENT

APPLICATION FOR DEVELOPMENT

Applicant/Appellant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Name/Address: \_\_\_\_\_

\_\_\_\_\_

Subject Property: - Street Address \_\_\_\_\_

Block/Lot Numbers \_\_\_\_\_

1. Specify which power(s) of the Zoning Board of Adjustment you are requesting:
- |   |  |
|---|--|
| <input type="checkbox"/> 40:55D-70a. Appeal                           | <input type="checkbox"/> 34 Permit to build in street bed  |
| <input type="checkbox"/> 70b. Interpretation                          | <input type="checkbox"/> 35 Permit to build where lot does not abut a street                                       |
| <input type="checkbox"/> 70c.1 Hardship Variance                      | <input type="checkbox"/> 76 Planning Board powers, where appropriate - eg. subdivision, site plan, conditional use |
| <input type="checkbox"/> 70c.2 Variance                               |  |
| <input type="checkbox"/> 70d Use/Density                              |  |
| <input type="checkbox"/> 40:55D-68 Certificate of Non-Conforming Use. |  |
| <input type="checkbox"/> Other (Specify): _____                       |  |

2. Request is hereby made for permission to \_\_\_\_\_

\_\_\_\_\_

contrary to the requirements of Section(s) \_\_\_\_\_ of the Zoning Ordinance.

2a. LIST by description, not number, all variance sought: \_\_\_\_\_

\_\_\_\_\_

Said property measures \_\_\_\_\_ x \_\_\_\_\_ and contains approximately \_\_\_\_\_ square feet

ZONING DISTRICT \_\_\_\_\_ Off-site sewer \_\_\_\_\_ On-site septic \_\_\_\_\_

3. Size of building after (and including) construction/addition(s)  
\_\_\_\_\_ square feet (1st floor) Height \_\_\_\_\_ Stories \_\_\_\_\_

4. Setbacks of Principal Building will be:  
Front Yard \_\_\_\_\_; Front Yard \_\_\_\_\_:(corner lots have 2 front yards)  
Side Yard \_\_\_\_\_; Side Yard \_\_\_\_\_; Rear Yard \_\_\_\_\_; Lot Coverage \_\_\_\_\_%

5. Setbacks of Accessory Building/Use will be:

Front \_\_\_\_\_; Rear \_\_\_\_\_; Side \_\_\_\_\_; Side \_\_\_\_\_; %Lot Coverage \_\_\_\_\_

Distance to nearest building: \_\_\_\_\_

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 Zoning Ordinance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the question sought to be interpreted? (If 70b.)

\_\_\_\_\_  
\_\_\_\_\_

8. What are the EXCEPTIONAL CONDITIONS OF THE PROPERTY supporting the granting of variance? (If 70c)

\_\_\_\_\_  
\_\_\_\_\_

9. What are the special reasons for granting this variance? (If 70d)

\_\_\_\_\_  
\_\_\_\_\_

10. All applicants must attached the following to this application:

Proof of payment of all taxes due on the property.

Survey of subject property, with all existing structures drawn to scale by a NJ licensed surveyor with dimensions and setbacks marked.

Signed, notarized affidavit attesting to the fact that said sealed survey is accurate as to the current conditions.

Twenty copies of said survey, showing proposed additions with dimensions and setbacks marked.

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

Supply name, address, phone of attorney representing applicant.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Applicant E-mail address)

FORM #2

Make enough copies to supply to the  
Newspaper and each name on your list  
of Property Owners within 200'

NOTICE OF APPLICATION FOR DEVELOPMENT or APPEAL

APPLICANT's/APPELLANT's NAME AND ADDRESS:

SUBJECT PROPERTY - STREET ADDRESS:

BLOCK/LOT NUMBERS:

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TAKE NOTICE\* that a hearing will be held before the Zoning Board of Adjustment at the Lower Township Municipal Building meeting room, 2600 Bayshore Road, Villas, NJ 08251, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, at 7:00 PM, to consider an application for development (or an appeal), regarding the above mentioned property, wherein the Applicant (or Appellant) is seeking permission to:

contrary to the requirements of Section(s) \_\_\_\_\_ of the Zoning Ordinance. Maps and documents relating to the said matter, if any, will be available for public inspection in the office of the Zoning Board of Adjustment, at the Lower Township Municipal Building, 10 days prior to the hearing date, during normal business hours.

This Notice is given pursuant to NJSA 40:55D-11, et seq.

\*Must be served and published in accordance with NJSA 40:55D-12, et seq.

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TOWNSHIP OF LOWER  
ZONING BOARD OF ADJUSTMENT  
SEALED SURVEY AFFIDAVIT FORM

\_\_\_\_\_, being duly sworn according to law, upon his/her oath and  
(Name)

says:

1. I am the \_\_\_\_\_ of the property known and identified as Block \_\_\_\_\_,  
(Owner or purchaser)  
Lot(s) \_\_\_\_\_ in the Township of Lower.
2. The attached sealed survey, prepared by \_\_\_\_\_ and  
dated \_\_\_\_\_, accurately reflects the physical condition of the property as of the date  
of this affidavit, and there have been no changes or alterations to the property since the  
date of this sealed survey.
3. I make this affidavit in support of my application for development and so as to accurately  
present the current condition of the property to the Township of Lower Zoning Board in  
connection with their consideration of my application.

\_\_\_\_\_  
Signature of owner or purchaser

NOTARY CERTIFICATION

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

FORM #3

One copy to be returned  
to the Zoning Office

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

APPLICANT'S OFFER TO  
ABUTTING PROPERTY OWNERS  
WHEN VACANT LAND IS AVAILABLE

Mr./Mrs. \_\_\_\_\_

Block \_\_\_\_\_, Lot \_\_\_\_\_

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

RE: Application to Zoning Board

Dear Mr./Mrs. \_\_\_\_\_:

I have made application to the Lower Township Zoning Board for a variance to construct a single family residence (or other structure, as applicable) on Block \_\_\_\_\_, Lot \_\_\_\_\_ which abuts your property. This letter is to inquire whether you would be interested in selling me your lot or a portion of your lot in order to make my lot conform or more nearly conform with the current Lower Township Zoning Ordinance. In the alternative, you may have an interest in purchasing my lot at the "fair market value" which in this instance means a building lot price as if the variance had been granted.

It is my intention to demonstrate to the Lower Township Zoning Board that a "hardship" exist, as I am unable to either acquire additional land or sell my land at its fair market value.

If you have any interest in selling your lot, or a portion of your lot to me, or in purchasing my lot, please indicate on the enclosed copy of this letter, your position with respect to this application. The Lower Township Zoning Board hearing on the undersigned's variance application is scheduled for \_\_\_\_\_, at which time a copy of this letter and any response from you will be offered into evidence.

Enclosed is a stamped return addressed envelope for your convenience. You may, of course, attend the Zoning Board hearing and give testimony concerning your position.

Very truly yours,

\_\_\_\_\_  
Applicant

Applicant's Phone \_\_\_\_\_  
CERTIFIED MAIL, RETURN RECEIPT # \_\_\_\_\_  
AND ORDINARY MAIL  
C: Zoning Board of Adjustment Secretary

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.

Social security number								
or								
Employer identification number								

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

### 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,