

CITY OF TRENTON PLANNING BOARD

Form B- Application for Preliminary Site Plan Approval
(To be used in conjunction with the Application for Development Form A)

THIS PORTION TO BE COMPLETED BY DIVISION OF PLANNING STAFF ONLY

Date Filed _____

Application #: _____

Project Name: _____

Application Fees: _____

Escrow Deposit: _____

Date Paid: _____

Hearing Date _____

NOTE:

Two (2) copies of the completed applications along with ten (10) copies of the site plans, subdivision plats and other supporting documentation must be filed with the Division of Planning for professional review.

1. APPLICANT INFORMATION

Name: _____

Contact Person (if different): _____

Address: _____

Telephone: _____ Fax #: _____

Signature _____

II. APPLICATION IS HEREBY MADE FOR PERMISSION TO:

III. THE LOT(S) FOR WHICH THIS APPLICATION IS MADE HAS THE FOLLOWING EXISTING STRUCTURE(S) AND USE(S):

The Lot for which this application is being made has the following dimensions and size:

Width: _____ Area (sf): _____

Depth: _____

and has the following existing structures and uses:

Proposed Building is of the following size:

Front Footage: _____ Stories: _____

Depth: _____ Height: _____

Setbacks:

Front: _____ Left Side Yard: _____

Rear: _____ Right Side Yard: _____

Gross Floor Area: _____ Building Coverage _____ sf _____ %

Lot Coverage _____ sf _____ %

IV. PARKING REQUIREMENTS

of off street parking spaces required _____

of off street parking spaces proposed _____

of loading spaces required _____

of loading spaces proposed _____

V. DELAWARE & RARITAN CANAL COMMISSION APPROVAL:

The subject property is:

_____ Within _____ Outside

the Delaware & Raritan Canal Commission area of jurisdiction. If within the area, any comment rendered by the Commission is attached.

VI. CERTIFICATION

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am general partner of the partnership applicant.

Sworn to and subscribed before me this

_____ day of _____, 200 ____

Name of Applicant (Please Print)

Signature of Applicant

THIS FORM TO BE COMPLETED BY DIVISION OF PLANNING STAFF ONLY**RECOMMENDATION OF PLANNING DIVISION:**

In granting this Preliminary Development Application:

☐ We have no objection☐ We object because of the following reasons:

☐ We have no objection providing the attached conditions are imposed
(See enclosed letter)**ACTION OF TRENTON PLANNING BOARD:**☐ Approved on _____ Vote: ☐ In favor ☐ Against ☐ Abstain ☐☐ Disapproved on _____ Vote: ☐ In favor ☐ Against ☐ Abstain ☐☐ Conditionally _____ Vote: ☐ In favor ☐ Against ☐ Abstain ☐

Approved on _____

Date(s) of Hearing _____

Date Resolution Memorialized _____

Date Decision Published _____

Date of Notice to Applicant (within 10 days) _____

COMMENTS:
