

CITY OF TRENTON PLANNING BOARD

Form C- Application for Final 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 five (5) 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. PRELIMINARY SITE PLAN APPROVAL INFORMATION

Date of Preliminary Approval: _____

Indicate the conditions imposed upon the Applicant by the Planning Board and what measures have been taken to comply:

Conditions of Approval

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Satisfied By

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

III. FINAL SITE PLAN APPROVAL IS SOUGHT FOR

All Part

OF THAT WHICH WAS GIVEN PRELIMINARY APPROVAL BY THE PLANNING BOARD.

If partial approval is sought, state which portions of the project are being applied for final site plan approval through this application:

IV. HAVE CONDITIONS IMPOSED BY THE CITY OF TRENTON FLOOD CONTROL, SOIL EROSION AND SEDIMENT CONTROL ORDINANCES BEEN COMPLIED WITH?

Yes No

If No, state status of approval: _____

V. IF REQUIRED, HAS COUNTY APPROVAL BEEN GRANTED?

Yes No

If No, state status of approval: _____

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

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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:
