

CITY OF TRENTON PLANNING BOARD

Form E - Application for Bulk (Hardship) Variance Approval

See N.J.S.A. 40:55D-60 & 40:55D-70C

(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 other supporting documentation must be filed with the Division of Planning for professional review.

I. APPLICANT INFORMATION

Name: _____

Contact Person (if different): _____

Address: _____

Telephone: _____ Fax #: _____

Signature _____

II. PROPERTY DESCRIPTION

Property Address: _____

Block(s): _____ Lot(s): _____

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

Width: _____ Depth: _____

Area: _____

And has the following existing structures and uses:

III. PROPOSED DEVELOPMENT INFORMATION

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. APPLICANT REQUESTS A HARDSHIP VARIANCE FROM THE STRICT APPLICATION OF THE FOLLOWING PROVISIONS OF THE ZONING ORDINANCE AND TO THE FOLLOWING EXTENT:

V. HAS THERE BEEN ANY PREVIOUS APPEAL, REQUEST OR APPLICATION SUBMITTED TO THIS OR ANY OTHER CITY BOARD OR ZONING OFFICER INVOLVING THESE PREMISES?

_____ Yes _____ No

If Yes,
State Date of Previous Request _____

Describe the nature of the application.

VI. THE STRICT APPLICATION OF SAID PROVISIONS WOULD RESULT IN:

a. The following peculiar and exceptional practical difficulties:

b. The following exceptional and undue hardship:

VII. THE HARDSHIPS STATED ARE BY REASON OF:

- a. Exceptional narrowness, shallowness or shape of the property as follows:

- b. Exceptional topographic conditions as follows:

- c. Other extraordinary and exceptional situations or conditions of the property as follows:

VIII. SAID REASONS ARE UNIQUE AND PECULIAR TO THE LANDS OR BUILDINGS FOR WHICH THE VARIANCE IS SOUGHT AND DO NOT APPLY GENERALLY TO THE LANDS OR BUILDINGS IN THE NEIGHBORHOOD BECAUSE:

IX. THE REQUESTED VARIANCE IS THE MINIMUM REASONABLE NEEDED BECAUSE:

X. SUPPLY A STATEMENT DESCRIBING WHY RELIEF CAN BE GRANTED WITHOUT SUBSTANTIAL DETRIMENT TO THE PUBLIC GOOD AND THAT IT WILL NOT SUBSTANTIALLY IMPAIR THE INTENT AND PURPOSE OF THE ZONING ORDINANCE.

VIII. 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.

I further certify by signing this application that the relief requested can be granted without materially increasing traffic, fire, panic or other danger, nor be injurious to the public health, morals or the general welfare and will not substantially impair the intent and purpose of the Zoning Ordinance.

Sworn to and subscribed before me this
____ day of _____, 20____

Name of Applicant (Please Print)

Signature of Applicant

THIS FORM TO BE COMPLETED BY DIVISION OF PLANNING STAFF ONLY

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.

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:
