

CITY OF TRENTON PLANNING BOARD

Form A -Application for Development

THIS PORTION TO BE COMPLETED BY DIVISION OF PLANNING STAFF ONLY	
Application #: _____	
Project Name: _____	
Date Filed _____	Application Fees _____
Hearing Date _____	Escrow Deposit _____
	Date Paid _____

NOTE:

Two (2) copies of the completed applications along with ten (13) copies of the site plans, Subdivision plats and other supporting documentation and (5) reduced copies of all plans must be filed with the Division of Planning for professional review.

APPLICATION IS HEREBY MADE FOR APPROVAL OF

PRELIMINARY SITE PLAN _____	FINAL SITE PLAN _____
CONDITIONAL USE PERMITS _____	BULK VARIANCE _____
PRELIMINARY SUBDIVISION _____	FINAL SUBDIVISION _____
COURTSEY REVIEW _____	

Note: The Planning Board generally considers applications for preliminary and final site plan approval at separate meetings.

I. APPLICANT INFORMATION

Name: _____
Contact person (if different): _____
Address: _____
Telephone #: _____ Fax #: _____
Email #: _____

Applicant is a: Corporation _____ Partnership _____ Individual _____

If the Owner is other than the Applicant, provide the following:

II. OWNER INFORMATION

Name: _____
Address: _____
Telephone: _____ Fax#: _____
Email #: _____

Owner is a: Corporation _____ Partnership _____ Individual _____

III. LOCATION OF PROPOSED DEVELOPMENT

Location: _____
Lot(s): _____
Block(s): _____
Zone: _____

IV. DESCRIPTION OF PROPERTY

Lot(s) Area: _____
Extent of Soil Disturbance: _____ (If greater than 5,000 sf, Soil & Erosion Permit required)
Present Land & Building Use____(s): _____
Permitted Land Use(s): _____
Proposed Use(s): _____

A. These proposed uses are: Permitted _____ Not Permitted _____

B. Are there any restrictions, covenants, easements, association by-laws, (existing or proposed) on the property?

Yes _____ No _____ Proposed _____

(attach copies of all existing and / or proposed)

C. Are there any delinquent water or sewer bills or any City liens or judgments against the property in question?

Yes _____ No _____

Note: If you have delinquent utility bills, the Planning Board can not hear your application

V. EXPLAIN IN DETAIL THE EXACT NATURE OF THE APPLICATION & PROPOSED CHANGES TO BE MADE TO THE PREMISES:

VI. SECTIONS OF THE ZONING ORDINANCE FROM WHICH A VARIANCE WAIVER IS REQUESTED:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Note: The zoning information reported above in Sections I - IV should also be shown on the site plan documents.

VII. IS COUNTY PLANNING BOARD APPROVAL REQUIRED?

Yes ____ No ____

If Yes, has the application been submitted? Yes ____ No ____

VIII. IS MERCER COUNTY SOIL CONSERVATION APPROVAL REQUIRED?

Yes ____ No ____

If Yes, has the application been submitted? Yes ____ No ____

IX. IS LANDMARKS COMMISSION APPROVAL REQUIRED?

Yes ____ No ____

If Yes, has the application been submitted? Yes ____ No ____

X. IS DELAWARE & RARITAN CANAL APPROVAL REQUIRED?

Yes ____ No ____

If Yes, has the application been submitted? Yes ____ No ____

XI. IS CAPITAL CITY REDEVELOPMENT CORPORATION APPROVAL REQUIRED?

Yes ____ No ____

If Yes, has the application been submitted? Yes ____ No ____

XII. ARE THERE OTHER APPROVALS REQUIRED?

State whether applications submitted and / or approvals have been received.

- 1. _____
- 2. _____
- 3. _____

XIII. HAS THERE EVER BEEN ANY PREVIOUS APPEAL, REQUEST OR APPLICATION TO THIS OR ANY OTHER CITY BOARD OR TO THE BUILDING INSPECTOR INVOLVING THESE PREMISES?

If yes, state date and disposition of said matter.

XIV. LIST THOSE EXPERTS WHO WILL BE SUBMITTING A REPORT OR TESTIFYING FOR THE APPLICANT, INCLUDING:

Applicant's Attorney _____
Address _____
Telephone _____
Fax # _____

Applicant's Engineer _____
Address _____
Telephone _____
Fax # _____

Applicant's Architect _____
Address _____
Telephone _____
Fax # _____

Applicant's Planning Consultant _____
Address _____
Telephone _____
Fax # _____

Applicant's Traffic Consultant _____
Address _____
Telephone _____
Fax # _____

Other Consultant (specify) _____
Address _____
Telephone _____
Fax # _____

XV. LIST ALL MAPS, DRAWINGS AND OTHER MATERIALS ACCOMPANYING THE APPLICATION (Include Name & Address of Preparer)

1. _____
2. _____
3. _____
4. _____
5. _____

XVI. THE APPLICANT CERTIFIES THAT THE FOLLOWING ACTIONS HAVE BEEN TAKEN, OR IF NOT, SHALL SUPPLY AN EXPLANATION IN THE SPACE PROVIDED UNDER PARAGRAPH (G) BELOW:

- a. The layout arrangement of the land development as shown on the site plan is consistent with the requirements of Article IX and Article XXIII thru Article XXVI of the Trenton Zoning Ordinance.
- b. The land development as shown on the site plan is in compliance with the City of Trenton Flood Control Ordinance.
- c. Where required by N.J. S.A. 40:27-6 et seq., if the planned development is along a county road, application for site plan review has been made to, or obtained from, the County Planning Board.
- d. As required by Section 315-66 of the Trenton Zoning Ordinance, Certification of a Soil Erosion and Sedimentation Control Plan in accordance with the City of Trenton Soil Erosion and Sedimentation Control Ordinance has been obtained from the Building Inspector, or will be obtained. (Final Site Plan approval is conditioned upon such certification.)
- e. The site plan shows and adequately provides for streets, water supply, drainage, shade trees, screening, storm and sanitary sewage disposal, garbage disposal and other utilities necessary for essential services to residents and occupants of the land development.
- f. The site plan shows and adequate provision exists for the following considerations (as set forth in Article XXIII thru Article XXVI and Article XXVII of the Zoning Ordinance): Circulation, Parking, Landscaping, Landmarks Commission Regulations, Environment, Lighting, Open Spaces, etc.
- g. Note the appropriate response:

___ I, the Applicant, certify that the actions described above (a-f) have been completed.

___ I, the Applicant, certify that the actions described above (a-f) have been fully completed except for those exceptions described below: Note: The Applicant may also set forth any other information that he/she feels may help the Planning Board make an informed decision on this application.

XVII. ATTACH A COPY OF THE NOTICE TO BE MAILED TO THE OWNERS OF ALL REAL PROPERTY, AS SHOWN ON THE CURRENT TAX MAP, LOCATED WITHIN 200' IN ALL DIRECTIONS OF THE PROPERTY WHICH IS SUBJECT OF THIS APPLICATION. THE NOTICE MUST SPECIFY THE SECTIONS OF THE ORDINANCE FROM WHICH RELIEF IS SOUGHT. (See enclosed form Page 19)

The publication and service of notice must be accomplished at least 10 days prior to the date scheduled by the Secretary of the Planning Board.

XVIII. ATTACH A NOTARIZED AFFIDAVIT OF SERVICE AND PROOF OF PUBLICATION (See enclosed form Page 20)

XIX. 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

Note: The Division of Planning will prepare and provide a recommendation concerning your application to you and the Planning Board members.

THIS FORM TO BE COMPLETED BY DIVISION OF PLANNING STAFF ONLY

Application complete and accepted

Date: _____

Received By: _____

Fee: _____

Extension of time agreed to by applicant (if applicable)

Date: _____

Received By: _____

Affidavit of Proof of Service of Notice of Public Hearing

Date Submitted: _____

Proof from Tax Collector that all taxes due on property have been paid

Date Submitted: _____

RECOMMENDATION OF PLANNING DIVISION:

In granting this 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:

