

5. OWNER: If the owner is other than the applicant, provide the following information on the owner.

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

6. PROPERTY INFORMATION:

Present use of the property: _____

Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use. _____

Are there restrictions, covenants, easements, association by-laws, existing or proposed on the property?

Yes _____ (attach copies) No _____ Proposed _____

7. APPLICANT'S REPRESENTATIVES: Provide complete information for the following: If a anticipated particular expert will not be retained, please write "None" for that position.

ATTORNEY'S NAME: _____

ADDRESS: _____

PHONE #: _____, EMAIL: _____

ENGINEER/LAND SURVEYOR: _____

ADDRESS: _____

PHONE #: _____, EMAIL: _____

PLANNING CONSULTANT: _____

ADDRESS: _____

PHONE #: _____, EMAIL: _____

OTHER CONSULTANT: _____

FIELD OF EXPERTISE: _____

ADDRESS: _____

PHONE #: _____, EMAIL: _____

8. WAIVERS AND VARIANCES:

List all sections of the Ordinance from which a Variance is requested: _____

List all sections of the Development Standards and/or Submission Requirements for which a waiver from completeness is requested: _____

9. DOMESTIC WATER SUPPLY AND SANITARY SEWAGE DISPOSAL:

Is domestic public water supply available? Yes:_____ No:_____

Does the applicant propose a well? Yes:_____ No:_____

Does the applicant propose an on-site Sewage disposal system? Yes:_____ No:_____

10. OFF-TRACT IMPROVEMENTS:

Are any off-tract improvements required or proposed? Yes:_____ No:_____

If off-tract improvements are required, what form of security does the applicant propose to provide as performance and maintenance guarantees? _____

11. CERTIFICATE OF PAID TAXES:

Have taxes been paid and has a certificate from the Tax Collector been provided? Yes:_____ No:_____

12. APPROVALS OF OTHER AGENCIES: Indicate below if approvals of other agencies are required, if applications have been filed for approval and the date submitted.

Sussex County Health Department	Yes:_____	No:_____	Date:_____
Sussex County Planning Board	Yes:_____	No:_____	Date:_____
Sussex County Soil Conservation District	Yes:_____	No:_____	Date:_____
NJDEP Stream Encroachment Permit	Yes:_____	No:_____	Date:_____
NJDEP Freshwater Wetlands Permit	Yes:_____	No:_____	Date:_____
Other	Yes:_____	No:_____	Date:_____

13. ACCOMPANYING MAPS AND REPORTS:

Description of item including date of latest revision:

Item: _____	Date: _____
Item: _____	Date: _____
Item: _____	Date: _____

14. CERTIFICATIONS:

I certify that the foregoing statements and materials 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 a general partner of the partnership applicant.

(Applicant)

(Applicant)

STATE OF NEW JERSEY:

SS:

COUNTY OF _____:

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

(Notary)

I certify that I am the Owner of the property which is the subject of this application, that I am the applicant or have authorized the application to make this application, and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant.

I further understand that the sum of \$_____ has been deposited in an escrow account. In accordance with the Ordinances of the Township of Stillwater, I understand that the escrow account is established to cover the cost of professional services, including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized

in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

(If the owner is a corporation, this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner)

(Owner/Applicant)

STATE OF NEW JERSEY:

SS:

COUNTY OF _____:

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

(Notary)

**TOWNSHIP OF STILLWATER
OFFICE OF THE TAX ASSESSOR**

DATE: _____

File No: _____

As a requirement of subdivision/site plan application completion, please be advised that the following log numbers were assigned by the Stillwater Township Tax Assessor:

Homestead or Remainder Lot:

New Lot(s):

BLOCK: _____ LOT: _____

BLOCK: _____ LOT: _____

Date:

Tax Assessor

**TOWNSHIP OF STILLWATER
OFFICE OF THE TAX COLLECTOR
STATUS OF TAXES**

DATE : _____

In keeping with the Ordinance adopted by the Stillwater Township Committee on July 22, 1976 fixing procedures governing applications to the Planning and Zoning Boards, Article III, Section 10, requiring submission of proof of taxes or assessments for local improvements are paid or delinquent on the property before the Board.

PLEASE SUBMIT VERIFICATION FOR:

PROPERTY OWNER(S): _____

ADDRESS: _____

BLOCK: _____ LOT: _____

TAXES ARE PAID TO DATE: _____

TAXES ARE NOT PAID TO DATE: _____

Tax Collector

SITE INSPECTION AUTHORIZATION FORM

I hereby give permission for Stillwater Township Municipal Agencies and their agents to come upon and inspect these premises with respect to this application.

Block _____, Lot _____

(Applicant)

(Applicant)

Owner's Signature

(If different from Applicant)

**TOWNSHIP OF STILLWATER
964 STILLWATER ROAD
NEWTON, NJ 07860**

BOARD OF HEALTH SUBDIVISION PROCEDURES:

1. Four (4) test holes and two (2) perc tests must be performed on any and all lots which cannot be further subdivided.

2. Survey map showing the following:
 - a. Location of test holes dug
 - b. Proposed subdivision lot lines
 - c. Key map with location
 - d. Block & lot - street location
 - e. Perc test results 0-60 minutes/inch
 - f. Total acres for tract and acreage or fraction of for subdivision
 - g. Owner(s) names and addresses
 - h. Applicant(s) names and addresses
 - i. Soil Series for subdivision area - information from Sussex County Soil Survey
 - j. Location of wet areas - streams, swamps, ponds, etc. Total area of wet area in relation to lot size

This information required above is for the Board of Health section of your subdivision application ONLY.

STILLWATER TOWNSHIP PLANNING BOARD

964 STILLWATER ROAD

NEWTON, NJ 07860

Please complete this form:

Did you do the following:

1. Contact Sussex County Health Department to have your perc test and soil logs witnessed and the Preliminary Subdivision Evaluation Form completed for the Stillwater Township Board of Health?

Yes: _____ Date: _____

No: _____ Explain: _____

APPROVAL BY THE STILLWATER TOWNSHIP BOARD OF HEALTH MUST BE RECEIVED PRIOR TO THE PLANNING BOARD HEARING YOUR APPLICATION.

2. Did you forward the required information to the Sussex County Planning Board?

Yes: _____ Date: _____

No: _____ Explain: _____

3. Did you forward the required information to the Sussex County Soil Conservation District?

Yes: _____ Date: _____

No: _____ Explain: _____

ALL OF THESE REPORTS AND VARIOUS APPROVALS MUST BE IN THE HANDS OF THE PLANNING BOARD SECRETARY BEFORE YOUR APPLICATION CAN BE PLACED ON THE AGENDA, WHICH CLOSSES 5 DAYS PRIOR TO THE MEETING.

Date:

Signature