

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 lot 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

**TOWNSHIP OF STILLWATER
OFFICE OF THE TAX ASSESSOR
WRITTEN REQUEST FOR CERTIFIED LIST OF PROPERTY OWNERS**

DATE : _____

PROPERTY OWNER(S): _____

ADDRESS: _____

BLOCK: _____ LOT: _____

PHONE: _____

PROPERTY LOCATION: _____

PLEASE MAIL: _____ WILL PICK UP: _____ EMAIL: _____

FEE: \$10.00

PAID - CHECK # _____ CASH: _____ NOT PAID: _____

PROOF OF SERVICE

STATE OF NEW JERSEY:

SS:

COUNTY OF _____:

_____ of full age, being duly sworn according to law on oath deposes and says that he/she resides at _____ in the Municipality of _____, in the County of _____ and the State of _____; and that he/she is the applicant in a proceeding before the Zoning Board of Adjustment, Township of Stillwater, County of Sussex, State of New Jersey, being an application under the Zoning Ordinance which has the application number _____ and relates to premises located at _____ Tax Map No. _____, Block _____, Lot ____ and that he/she gave notice of this proceeding to each and every owner of property affected by said application, in the required form, in the manner provided by law on _____, 20__.

A true copy of the notice, names and address of those so notified are attached to this affidavit.

Owner

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

(Notary)

STATUTORY REQUIREMENTS CONCERNING PUBLIC NOTICE

Statutory requirements concerning public notice are set forth in Sections 7, 7.1 and 7.3 (N.J.S.A. 40:55D-11, 12 and 14) of the Municipal Land Use Law (Chapter 291), Laws of New Jersey 1975. These requirements are also listed on the Notice Procedures Form given to the applicant when he/she receives his list of property owners within 200 feet.

The New Jersey Herald
2 Spring Street
P.O. Box 10
Newton, NJ 07860

**NOTICE
TOWNSHIP OF STILLWATER
SUSSEX COUNTY, NEW JERSEY**

NOTICE TO PROPERTY OWNERS AND OTHERS ENTITLED TO SERVICE

TO: _____ Owners of Property Located at Block _____, Lot _____

PLEASE TAKE NOTICE that the undersigned has made application to the Zoning Board of Adjustment, Township of Stillwater, for property known as Block _____, Lot _____, located at _____, in the _____ Zone, as follows:

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

In addition, applicant(s) will request such variances, waivers, permits, approvals or licenses that are deemed necessary or appropriate by the applicant or the Board. This application is now Number _____ on the calendar for the Zoning Board of Adjustment of the Township of Stillwater and a public hearing has been set for _____ at the Stillwater Township Municipal Building, 964 Stillwater Road, Stillwater, New Jersey at 7:00 p.m. When the case is called you may appear either in person or by attorney to present any evidence which you may have regarding the application. The matter will be heard on the date above or any adjourned date designated by the Zoning Board of Adjustment at this public meeting without additional notice. The maps, plans and application for which approval is being sought are on file with the Zoning Board Secretary and are available for inspection at the Municipal Building during normal business hours in the office of the Municipal Clerk.

This notice is sent to you pursuant to the rules of procedure of the Zoning Board of Adjustment.

Applicant

By: _____

Please forward a copy of the Affidavit of Publication

**NEW JERSEY HERALD
2 SPRING STREET
P.O. BOX 10
NEWTON, NJ 07860
PHONE: 973-383-1500
FAX: 973-383-9284**

Please be advised, effective immediately, The New Jersey Herald Requirements to Publish a Legal Notice are as follows:

1. Legals cannot be taken over the phone. You may mail or bring the form you receive from your Township or Borough into the New Jersey Herald Office listed above, Attention: Legal Advertising.
2. There is a 2 day deadline by noon to publish:
Monday: 12 noon for Wednesday; Tuesday: 12 noon for Thursday; Wednesday: 12 noon for Friday; Thursday: 12 noon for Sunday and Friday: 12 noon for Monday and Tuesday.
3. The applicant's name, mailing address and telephone number must be on the form so paperwork can be mailed back.
4. Please be sure everything on the form is legible.
5. A deposit is required on ALL legal advertising. A Visa or Mastercard may be used. Please include expiration date and CVV code.

Email is also available to send in your legal advertisement. Please contact the Legal Advertising Department at 973-383-1500 for more information.

