

James Daly, Mayor

BOROUGH COUNCIL MEETS
1st & 3rd Tuesdays @ 7:00 p.m.
Community Center
13 Asbury Avenue
Farmingdale, NJ 07727



MUNICIPAL BUILDING
11 Asbury Avenue
Farmingdale, NJ 07727

Borough Office Hours
8:30 a.m. to 4:00 p.m.
Phone: 732-938-4077
Fax: 732-938-2023

DEVELOPMENT APPLICATION

DATE RECEIVED: _____

1. CHECK THE APPROPRIATE REQUEST

- | | |
|--|---|
| <input type="checkbox"/> VARIANCE | <input type="checkbox"/> MAJOR SUBDIVISION |
| <input type="checkbox"/> SITE PLAN APPROVAL | <input type="checkbox"/> MINOR SUBDIVISION |
| <input type="checkbox"/> PLANNED DEVELOPMENT | <input type="checkbox"/> CONDITIONAL USE PERMIT |

2. APPLICANT'S NAME _____
(If a Corporation, State of Incorporation and Registered Agent)

ADDRESS _____

E-MAIL _____

PHONE _____ CELL _____ FAX _____

3. REPRESENTED BY: (ATTORNEY, IF APPLICABLE)

NAME _____

ADDRESS _____

E-MAIL _____

PHONE _____ CELL _____ FAX _____

4. CURRENT USE OF ANY EXISTING BUILDING OR PREMISES

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> MULTI-FAMILY | <input type="checkbox"/> AGRICULTURAL |
| <input type="checkbox"/> VACANT | <input type="checkbox"/> OTHER |

5. NUMBER OF EXISTING LOTS: _____

6. PROPOSED USE OF THE PREMISES

- SINGLE FAMILY COMMERCIAL
 MULTI-FAMILY INDUSTRIAL
 OTHER _____

7. NUMBER OF PROPOSED LOTS: _____

8. LOCATION OF PREMISES: _____

(Street/Road)

TAX MAP BLOCK

LOT NUMBER(S)

TAX MAP SHEET #

SIZE OF TRACT

ZONE DISTRICT

9. AREA OF ENTIRE TRACT: _____

10. IF THERE HAS BEEN A PREVIOUS APPEAL FOR AN APPLICATION INVOLVING THESE PREMISES, GIVE DETAILS:

11. IF THIS APPLICATION INVOLVES VARIANCES, PLEASE SPECIFY AND GIVE THE SECTION NUMBERS FROM ORDINANCE:

VARIANCE	ORDINANCE SECTION

12. IF THIS APPLICATION INVOLVES WAIVERS, PLEASE SPECIFY AND GIVE THE SECTION NUMBERS FROM ORDINANCE:

WAIVER	ORDINANCE SECTION

13. NAME AND ADDRESS OF PERSON(S) PREPARING SUBMISSION:

ARCHITECT _____

ADDRESS _____

E-MAIL _____

PHONE _____ **CELL** _____ **FAX** _____

ENGINEER _____

ADDRESS _____

E-MAIL _____

PHONE _____ **CELL** _____ **FAX** _____

OTHER (Designate) _____

14. IF SITE PLAN, LIST ESTIMATED COST OF CONSTRUCTION: _____

15. ACCOMPANYING THIS APPLICATION MUST BE THE ITEMS SPECIFIED ON THE "INSTRUCTIONS FOR AN APPLICATION FOR DEVELOPMENT"

I (WE) HEREBY CERTIFY THAT THE FOREGOING STATEMENTS CONTAINED IN THE PAPERS SUBMITTED HERewith ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

APPLICANT SIGNATURE

APPLICANT SIGNATURE

APPLICANT NAME (PRINTED)

APPLICANT NAME (PRINTED)

Date: _____

WITNESS SIGNATURE

WITNESS SIGNATURE (PRINTED)