

APPLICATION FOR DEVELOPMENT

PLANNING BOARD TOWNSHIP OF WEST CALDWELL ESSEX COUNTY, NEW JERSEY

Do not write in this space.

Application No.: _____

Submission Date: _____

Fee: _____

1. Site address or reference: _____

2. Block(s): _____ Lot(s): _____ Zone District _____

3. Lot Area (sq. ft.): _____ Building Floor Area (sq. ft.): _____

4. Applicant: Name: _____ Phone: _____

Address: _____ Zip: _____

Business Name: _____

5. Property Owner: Name: _____

Address: _____ Zip: _____

6. Basic nature of intended structure and/or use: _____

7. Specify the nature and extent of any variances and/or exceptions Applicant is seeking: _____

8. Does this application apply to a new _____ or existing _____ Site Plan?

Note: If approved Site Plan exists, any changes will require submission of a revised Site Plan.

9. Is any portion of the property located in a Flood Hazard Area? _____

10. Complete page 2 on reverse side for all commercial, industrial and business applications.

Applicant: Signature _____ Date _____

Property Owner: Signature _____ Date _____

Property owners shall be bound by and responsible for all terms and conditions of any Planning Board approval granted as a result of this application and shall be subject to the principal of res judicata in the event that the application is denied.

Corporations or partnerships shall attach hereto a stockholder/partner listing if required by N.J.S.A.40:55D-48.1.

**SUPPLEMENTARY INFORMATION REQUIRED ONLY
FOR COMMERCIAL, INDUSTRIAL & BUSINESS APPLICATIONS**

1. Name & address of attorney who will handle this application, if any: _____

2. Are your real estate taxes current? _____ Number of Employees: _____
3. Specify working hours and days: _____ ; _____
4. Parking requirements for employees: _____ ; for visitors _____
5. State location of any outside storage: _____
6. Loading/unloading locations: _____
7. Inbound/Outbound deliveries: _____
8. Location of any overnight vehicle storage: _____
9. Type and location of any outside lighting: _____
10. Storage of combustibles? _____ If any, state type & amount: _____
11. Disposal method of garbage/trash: _____
12. Disposal method of industrial wastes: _____
13. Are there any special requirements or considerations related to:
Water, traffic, gases, security, fire hazards, power, fuels, machinery, noise, vibration, glare, smoke, fumes,
dust, odors, radioactivity, other atmospheric pollutants, sanitary facilities?
If so, explain: _____

(Do not write below this line)

Zoning Officer _____	Construction Official _____
Township Engineer _____	Environ. Commission _____
Board of Health _____	County Planning Brd _____
Police Department _____	Tax Assessor _____
Fire Department _____	State D.E.P. _____
Fees _____ Public Meeting Date _____	Planning Board Clerk _____ Date _____