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**INTERPRETATION APPLICATION  
MOUNT OLIVE TOWNSHIP  
ZONING BOARD OF ADJUSTMENT**

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The completed application package, together with applicable forms and required fees, must be submitted to the Board Secretary in order for your case to be scheduled.

A complete application shall include:

1. General Information – Page 1
2. Interpretation or Special Questions – Page 2
3. Affidavit – Page 3  
This form must be completed by the owner of the property and the applicant and submitted with the application package. No other person may make application to the Board of Adjustment, except the owner or person under contract to purchase the premises without a legal power of attorney.
4. Certificate of Paid Taxes – Page 4  
Fill in the top portion and submit to the Tax Collector's office who will verify if taxes are paid to date on the subject property.
5. Certificate of Corporate Ownership – Page 5  
If the applicant represents a corporation or partnership, this form must be completed and submitted with the application package.

The applicant is required to submit the original and three (3) copies of the completed application along with two (2) checks made out to "Mount Olive Township". Township application fee \$75.00 (Residential) or \$100.00 (Nonresidential) and a second check for \$250.00 escrow fee.

**After the application has been deemed complete and given an application number the following is required of the applicant:**

- Applicant must obtain a tax list from the tax assessor's office of all adjoining property owners within 200 feet of the subject property.
- Notice of Hearing – **At least ten days prior to the public meeting the applicant is required by law to service written notice on the owners listed on the tax list. Notice should also be published in the official newspaper, The Mount Olive Chronicle, Recorder Publishing Co., 17-19 Morristown Road, Bernardsville, NJ 07924 – FAX (908) 766-6365.** Complete and copy form. Original should be retained and given to Board Secretary. (\*\*See below)

Notice must be served by certified mail, return receipt requested, or personal delivery by obtaining property owners' full signature on the original tax list. If one person owns more than one property, notice has to be sent for each parcel.

- After notifying all adjoining property owners, and publication of legal notice, applicant must complete the affidavit of service. It should be notarized and filed with the Board Secretary as proof of service (see below).
- After completion of the above, the following items should be submitted to the Board Secretary to prove notice has been service properly:
  - Original notice to adjoining property owners, completed and signed.
  - Original Affidavit of Service, signed and notarized.
  - Original list received from Tax Assessor of property owners within 200 feet.
  - All white (certified mail slips).
  - Any green cards received back.
  - A copy of the notice published in the newspaper.

Please note that failure to fulfill all of the above requirements will result in the application not being heard.

Please contact the Board Secretary (973) 691-0900 ext. 313 with any questions you may have.

**INTERPRETATION APPLICATION  
TOWNSHIP OF MOUNT OLIVE  
ZONING BOARD OF ADJUSTMENT**

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APPLICANT:

Name: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ENGINEER:**

Name \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY:**

Name: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RELATIONSHIP OF APPLICANT TO PROPERTY OWNER IS:**

OWNER: \_\_\_\_\_ PURCHASER UNDER  
CONTRACT \_\_\_\_\_

**LOCATION OF**

**PREMISES/STREET:** \_\_\_\_\_

**BLOCK** \_\_\_\_\_

**LOT** \_\_\_\_\_

**ZONE:**

\_\_\_\_\_  
RR-AA    \_\_\_\_\_ R-3    \_\_\_\_\_ C-2    \_\_\_\_\_ G-I    \_\_\_\_\_ L    \_\_\_\_\_ FTZ-2  
\_\_\_\_\_  
RR-A    \_\_\_\_\_ R-4    \_\_\_\_\_ CR-3    \_\_\_\_\_ O-R    \_\_\_\_\_ L-I    \_\_\_\_\_ FTZ-3



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF ATTACHMENTS: \_\_\_\_\_

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**AFFIDAVIT**

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2001

\_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_

NOTARY PUBLIC

SIGNATURE OF OWNER

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2001

\_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_  
\_\_\_\_\_  
NOTARY PUBLIC

SIGNATURE OF OWNER

I understand that the sum of \$\_\_\_\_\_ has been deposited in an escrow account (Builder's Trust Account). In accordance with the Ordinances of the Township of Mount Olive, I further 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.

\_\_\_\_\_  
\_\_\_\_\_  
DATE

SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF OWNER

**TOWNSHIP OF MOUNT OLIVE ZONING BOARD OF ADJUSTMENT  
CERTIFICATE OF PAID TAXES**

OWNER: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TITLE & LOCATION OF  
PROPERTY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_ # of

Lots \_\_\_\_\_

Tax Sheet # \_\_\_\_\_





New Jersey at which time you may appear, either in person or by attorney, and present any objections or comments you may have regarding this matter.

Any maps or documents for which approval is sought shall be on file and available for public inspection in the offices of the Planning Department between the hours of 8:30 a.m. to 4:30 p.m.

This notice is sent to you by the applicant, by order of the Zoning Board of Adjustment.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**AFFIDAVIT OF SERVICE**

State of New Jersey:

County of \_\_\_\_\_:

\_\_\_\_\_ of full age, being duly sworn according to law, on his oath deposes and says that he resides at

\_\_\_\_\_ in the (municipality)

\_\_\_\_\_ of \_\_\_\_\_ County of \_\_\_\_\_ and State of \_\_\_\_\_ and that he did on \_\_\_\_\_, 2001 at

least ten (10) days prior to hearing date, give personal notice to all property owners within 200 feet of the property affected located on

\_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_.

Said notice was given either by handing a copy to the property owner, or by sending said notice by certified mail. Originals of registered receipts, both white and green, if returned are attached hereto.

Notices were also served upon: (check if applicable)

- 1. The Clerk of Township of Mount Olive
- 2. Morris County Planning Board
- 3. The Director of the State Planning Commission
- 4. The Department of Transportation
- 5. The Mount Olive Chronicle

In addition, attached hereto are:

1. Copy of said notice
2. List of owners of property within 200 feet of the affected property who were served, showing the lot and block numbers of each property as same appear on the Municipal Tax Map.
3. Proof of publication of notice in the official newspaper of Mount Olive.

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(Signature of Applicant)

Sworn and subscribed to  
Before me this \_\_\_\_\_  
Day of \_\_\_\_\_ 2001

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(A Notary Public of the State of New Jersey)