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**MOUNT OLIVE TOWNSHIP  
PLANNING BOARD  
VARIANCE APPLICATION INSTRUCTIONS**

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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
2. Request for Variance – Pages 3 - 5
3. Affidavit – Page 6: This form must be signed by the owner of the property and the applicant. No other person may make application to the Planning Board, except the owner or person under contract to purchase the premises without a legal Power of Attorney.
4. Certificate of Paid Taxes – Page 7: Fill in the top portion and submit to the Tax Collector's office for verification of payment of taxes.
5. Certificate of Corporate Ownership – Page 8: If the applicant represents a corporation or partnership, this form must be completed and submitted with the application package.
6. W-9 Form – Last page

The applicant is required to submit the original plus 3 copies of the completed application and fifteen (15) sets of plans to the Board Secretary along with two (2) checks made payable to "Mount Olive Township". (See attached fee schedule) One check is a Township application fee. The second will be deposited in an escrow account to cover any engineering, planning, legal and other expenses associated with review of submitted materials. Any money remaining in the escrow account after the application has been acted upon will be returned to the applicant.

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

1. Applicant must obtain from the Tax Assessor's office a list of all adjoining property owners, current within 60 days, within 200 feet of the subject property.
2. **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 and place same notice in the official newspaper, The Daily Record, 800 Jefferson Road, Parsippany, NJ 07054 FAX (973) 884-1020. Complete and copy enclosed form (see page 9). Original should be retained and given to Board Secretary. Notice must be served by certified mail return receipt requested, personal delivery by obtaining property owners full signature and date on the original tax list.

3. 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.
4. After completion of above, the following items should be submitted to the Board Secretary prior to the meeting date to prove notice has been served 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  
 Verification from newspaper of publication of notice

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

Please contact the Board Secretary (973) 691-0900 Ext. 7310 with any questions you may have.

**MOUNT OLIVE TOWNSHIP FEE SCHEDULE  
 AS PER SECTION 400-18 OF THE LAND USE ORDINANCE**

<b>“C” VARIANCE</b>	<b>APPLICATION FEE</b>	<b>ESCROW FEE</b>
RESIDENTIAL	\$100.00 per lot	Minimum of \$250.00 per lot
NON RESIDENTIAL	\$250.00 per lot	Minimum of \$750.00 per lot
<b>“D” VARIANCE</b>		
RESIDENTIAL	\$250.00 per lot	Minimum of \$1,500.00 per lot
NON RESIDENTIAL	\$500.00 per lot	Minimum of \$2,000.00 per lot

**MOUNT OLIVE TOWNSHIP  
PLANNING BOARD  
VARIANCE APPLICATION**

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APPLICANT:                   NAME \_\_\_\_\_  
                                   ADDRESS \_\_\_\_\_  
                                   \_\_\_\_\_  
                                   TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
                                   Email address: \_\_\_\_\_

OWNER:                        NAME \_\_\_\_\_  
                                   ADDRESS \_\_\_\_\_  
                                   \_\_\_\_\_  
                                   TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
                                   Email address: \_\_\_\_\_

ENGINEER/SURVEYOR:   NAME \_\_\_\_\_  
                                   ADDRESS \_\_\_\_\_  
                                   \_\_\_\_\_  
                                   TELEPHONE \_\_\_\_\_ FAX# \_\_\_\_\_  
                                   Email address: \_\_\_\_\_

ATTORNEY:                   NAME \_\_\_\_\_  
                                   ADDRESS \_\_\_\_\_  
                                   \_\_\_\_\_  
                                   TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
                                   Email address: \_\_\_\_\_

RELATIONSHIP OF THE APPLICANT TO THE PROPERTY IS:  
           OWNER \_\_\_\_\_ PURCHASER UNDER CONTRACT \_\_\_\_\_

LOCATION OF PREMISES:  
           STREET \_\_\_\_\_  
           BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_

ZONE:

_____ RR-AA	_____ R-3	_____ C-2	_____ G-I	_____ P
_____ RR-A	_____ R-4	_____ CR-3	_____ FTZ	_____ L
_____ R-1	_____ R-5	_____ C-LI	_____ O-R	_____ L-I
_____ R-2	_____ C-1	_____ L-I	_____ M	_____ PB
_____ FTZ-1	_____ FTZ-2	_____ FTZ-3	_____ FTZ-4	

HOW LONG HAS PRESENT OWNER HAD TITLE TO PROPERTY? \_\_\_\_\_  
 HAS THE APPLICANT EVER OWNED OR PRESENTLY OWN PROPERTY CONTIGUOUS TO  
 THE SUBJECT PROPERTY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IF YES: BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

DATE CONVEYED: \_\_\_\_\_

HAS THERE BEEN ANY PREVIOUS APPEALS, REQUEST, OR APPLICATIONS INVOLVING THIS PROPERTY: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, STATE CASE NUMBER, NATURE, DATE, AND DISPOSITION OF MATTER:

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ARE THERE ANY EASEMENTS/DEED RESTRICTIONS AFFECTING THIS PROPERTY?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE DESCRIBE:

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**REQUEST FOR VARIANCE**

APPLICATION IS HEREBY MADE FOR PERMISSION TO (ERECT), (ALTER), (CONVERT), (USE) A \_\_\_\_\_ CONTRARY TO REQUIREMENTS OF SECTION \_\_\_\_\_ OF THE LAND USE ORDINANCE:

IDENTIFY VARIANCES REQUESTED: \_\_\_\_\_

DESCRIPTION OF PROPOSED IMPROVEMENT: \_\_\_\_\_

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DOES PARCEL ADJOIN STATE/COUNTY ROAD? \_\_\_\_\_

ARE PUBLIC WATER FACILITIES AVAILABLE TO THIS PROPERTY? \_\_\_\_\_

ARE PUBLIC SEWERAGE FACILITIES AVAILABLE TO THIS PROPERTY? \_\_\_\_\_

PRESENT USE (DESCRIBE IN DETAIL WITH REFERENCE TO EACH PROPERTY & STRUCTURE)

AREA OF LOT/PARCEL IN SQUARE FEET: \_\_\_\_\_

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JUSTIFICATION FOR VARIANCE

DESCRIBE WHY THE PROPOSED IMPROVEMENT CANNOT CONFORM TO SETBACK AND/OR HEIGHT REQUIREMENTS OF THE ZONE DISTRICT. ARE THERE PHYSICAL CONDITIONS ON YOU PROPERTY WHICH PREVENT COMPLIANCE WITH THE ZONE DISTRICT REGULATIONS?

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EXPLAIN IN DETAIL WHY THE VARIANCE CAN BE GRANTED WITHOUT SUBSTANTIAL DETRIMENT TO THE PUBLIC GOOD AND WILL NOT SUBSTANTIALLY IMPAIR THE INTENT AND PURPOSE OF THE ZONE PLAN AND ZONING ORDINANCE.

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**SITE CHECK LIST**

**THE APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING WITH REGARD TO APPLICATIONS FOR DECK, SHED, OR FENCE:**

- 1. CURRENT SURVEY OF PROPERTY SHOWING LOCATION OF SEPTIC AND WELL; LOCATION OF EXISTING & PROPOSED BUILDINGS, DIMENSIONS OF PROPOSED STRUCTURES (HEIGHT, WIDTH AND DEPTH – PLANS DRAWN TO SCALE IF AVAILABLE).**
- 2. PHOTOGRAPH OR PHOTOGRAPHS OF EXISTING PROPERTY.**

**APPLICATIONS FOR ADDITIONS TO PRINCIPAL STRUCTURE MUST SUBMIT:**

- 1. SURVEY PREPARED BY LICENSED SURVEYOR, SIGNED AND SEALED, INDICATING PROPOSED IMPROVEMENT AS WELL AS SETBACK FROM LOT LINE.**
- 2. ARCHITECTURAL INFORMATION AS INDICATED ON ATTACHED CHECKLIST.**

**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 \_\_\_\_\_ 2010

\_\_\_\_\_  
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 \_\_\_\_\_ 2010

\_\_\_\_\_  
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 PLANNING BOARD  
CERTIFICATE OF PAID TAXES**

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

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

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

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

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

Description of Subdivision:

Minor - # of Lots \_\_\_\_\_

Sketch - # of Lots \_\_\_\_\_

Prel. - # of Lots \_\_\_\_\_

Final - # of Lots \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

**TAXES OF RECORD 2010**

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FIRST QUARTER \_\_\_\_\_

SECOND QUARTER \_\_\_\_\_

THIRD QUARTER \_\_\_\_\_

FOURTH QUARTER \_\_\_\_\_

THE TAX COLLECTOR OF MOUNT OLIVE TOWNSHIP \_\_\_\_\_

CERTIFIES THAT THE ABOVE TAXES ARE PAID TO DATE.

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DATE: \_\_\_\_\_



**TOWNSHIP OF MOUNT OLIVE  
PLANNING BOARD**

**APPLICATION #PB\_\_\_\_\_**

Notice to property owners and newspaper of appeal and/or application please take notice that the undersigned has filed an appeal or application for development with the Township of Mount Olive Planning Board for a \_\_\_\_\_ variance from the requirements of the Land Use Ordinance so as to permit \_\_\_\_\_ on premises known as \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ on the tax map of the Township of Mount Olive. In addition to the above approvals, applicant requests that the application be deemed amended to include any additional approvals, variances, exceptions or waivers determined to be necessary in the review of processing this application, whether requested by the Board or otherwise. A public hearing has been scheduled for \_\_\_\_\_ 2010, at 7:30 p.m. in the municipal building, 204 Flanders-Drakestown Road, Budd Lake, 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 Planning Board.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
APPLICANT

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**FOR NEWSPAPER INFORMATION ONLY**

APPLICANT NAME \_\_\_\_\_  
INFORMATION: ADDRESS \_\_\_\_\_  
(Please Print \_\_\_\_\_ Zip Code \_\_\_\_\_  
Clearly) (ADDRESS WHERE AFFIDAVIT SHOULD BE MAILED)  
TELEPHONE # \_\_\_\_\_

(IN CASE OF QUESTIONS REGARDING THIS AD)  
**Public Notices for The Daily Record FAX (973) 884-1020 Phone: (973) 428-6500**

# 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 \_\_\_\_\_, 2010 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
- 4. The Department of Transportation
- 5. Morristown Daily Record

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.

\_\_\_\_\_  
(Signature of Applicant)

Sworn and subscribed to  
Before me this \_\_\_\_\_  
Day of \_\_\_\_\_ 2010

\_\_\_\_\_  
(A Notary Public of the State of New Jersey)

**MOUNT OLIVE TOWNSHIP  
VARIANCE APPLICATION CHECKLIST**

<b>PLAN DETAILS</b>	<b>CHECK IF SUBMITTED</b>
METES & BOUNDS (AS PER SURVEY)	
TITLE BLOCK CONTAINING: NAME OF APPLICANT PREPARER OF PLANS DATE PREPARED BLOCK & LOT ZONING DISTRICT	
SCALE OF MAP	
NORTH ARROW	
LOCATION OF EXISTING & PROPOSED STRUCTURE AND SETBACKS FROM PROPERTY LINE	
HEIGHT OF EXISTING & PROPOSED STRUCTURE	
LOCATION OF WELL & SEPTIC SYSTEM	
ARCHITECTURAL DESIGN PREPARED BY A LICENSED ARCHITECT IN STATE OF NEW JERSEY	
LANDSCAPING PLAN	
PROPOSED SIGHT TRIANGLE EASEMENTS	
LOCATION & TYPE OF ANY EXISTING EASEMENTS OR RIGHTS OF WAY	
DEPICT EXISTING VS. PROPOSED INTERIOR LAYOUT	
CONTOURS TO DETERMINE THE NATURAL DRAINAGE	
DRIVEWAY DESIGN	
PHOTOGRAPHS OF PROPERTY	

Form **W-9**  
(Rev. April 1990)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give this form  
to the requester. Do  
NOT send to IRS.**

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions under "Name" if your name has changed.)	
	Address (number and street)	List account number(s) here (optional)
	City, state, and ZIP code	

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see <i>How To Obtain a TIN</i>, below.</p> <p><b>Note:</b> If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</p> <div style="text-align: center; margin: 10px 0;"> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin: 5px 0;">OR</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	Social security number																		Employer identification number																		<p><b>Part II For Payees Exempt From Backup Withholding (See Instructions)</b></p> <p style="padding: 5px 0 0 20px;">Requester's name and address (optional)</p>
Social security number																																					
Employer identification number																																					

**Certification.**—Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**Certification instructions.**—You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see *Signing the Certification under Specific Instructions*, on page 2.)

Please Sign Here	Signature ►	Date ►
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### Instructions

(Section references are to the Internal Revenue Code.)

**Purpose of Form.**—A person who is required to file an information return with IRS must obtain your correct taxpayer identification number (TIN) to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an individual retirement arrangement (IRA). Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN), and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to the 20% backup withholding.

**Note:** If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

**How To Obtain a TIN.**—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue Service office.

To complete Form W-9 if you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the

requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

**Note:** Writing "Applied For" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

**What Is Backup Withholding?**—Persons making certain payments to you are required to withhold and pay to IRS 20% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- (1) You do not furnish your TIN to the requester, or

(2) IRS notifies the requester that you furnished an incorrect TIN, or

(3) You are notified by IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or

(4) You fail to certify to the requester that you are not subject to backup withholding under (3) above (for reportable interest and dividend accounts opened after 1983 only), or

(5) You fail to certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in (5) above, other reportable payments are subject to backup withholding only if (1) or (2) above applies.

Certain payees and payments are exempt from backup withholding and information reporting. See *Payees and Payments Exempt From Backup Withholding*, below, and *Exempt Payees and Payments under Specific Instructions*, on page 2, if you are an exempt payee.

**Payees and Payments Exempt From Backup Withholding.**—The following is a list of payees exempt from backup withholding and for which no information reporting is required. For interest and dividends, all listed payees are exempt except item (9). For broker transactions, payees listed in (1) through (13) and a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker are exempt. Payments subject to reporting under sections 6041 and 6041A are generally exempt from backup withholding only if made to payees described in items (1) through (7), except that a corporation that provides medical and health care services or bills and collects payments for such services is