

MOUNT OLIVE TOWNSHIP PLANNING BOARD INSTRUCTIONS FOR APPEAL

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.

The following should be submitted:

1. General Information – Page 1 & 2
2. Request for Appeal – Pages 3 - 5
3. Affidavit – Page 6: This form must be completed by the owner of the property and submitted with the application package. 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 to the Board Secretary along with two (2) checks 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 and 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). Original should be retained and given to the Board Secretary.

Notice must be served by certified mail return receipt requested, personal delivery by obtaining property owners full signature and date of 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 to prove notice as been served property:
 - Original Notice to Adjoining Property Owners, completed and signed
 - Original Affidavit of Service, signed and sealed
 - Original Tax List
 - All white (certified mail slips)
 - Any green cards received
 - 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**

TYPE	APPLICATION	ESCROW
Residential	\$150.00	\$1,000.00
Non-Residential	\$300.00	\$1,000.00

**MOUNT OLIVE TOWNSHIP
PLANNING BOARD
APPEAL APPLICATION**

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: _____

APPLICANT IS: CORPORATION () PARTNERSHIP () INDIVIDUAL ()

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

LOCATION OF PREMISES:
STREET _____
BLOCK _____ LOT(S) _____

AREA OF LOT IN SQUARE FEET: _____

ZONE:

_____ RR-AA	_____ R-4	_____ C-2	_____ M	_____ FTZ-3
_____ RR-A	_____ R-5	_____ C-LI	_____ PB	_____ FTZ-4
_____ R-1	_____ R-3SC	_____ L-I	_____ L	
_____ R-2	_____ R-7	_____ G-I	_____ FTZ-1	
_____ R-3	_____ C-1	_____ O-R	_____ FTZ-2	

HOW LONG HAS PRESENT OWNER HAD TITLE TO THE PROPERTY? _____

HAS THE APPLICANT EVER OWNED OR PRESENTLY OWN PROPERTY CONTINGUOUS TO THE SUBJECT PROPERTY? YES _____ NO _____

IF YES: BLOCK _____ LOT _____

DATE CONVEYED: _____

HAS THERE BEEN ANY PREVIOUS APPEALS, REQUEST, OR APPLICATIONS INVOLVING THIS PROEPRTY? YES _____ NO _____

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

ARE THERE ANY DEED RESTRICTIONS AFFECTING THIS PROPERTY? YES _____ NO _____

IF YES, PLEASE DESCRIBE:

REQUEST FOR APPEAL

APPLICATION IS HEREBY MADE TO APPEAL DETERMINATION OF

IDENTIFY APPEAL: _____

DESCRIPTION OF THE PROPOSED IMPROVEMENT: _____

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

SITE PLAN CHECK LIST

THE APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING WITH REGARD TO APPLICATION FOR AN APPEAL:

- 1. CURRENT SURVEY OF PROPERTY SHOWING THE PROPOSED LOCATION OF SEPTIC AND WELL; LOCATION OF EXISTING & PROPOSED BUILDINGS, DIMENSIONS OF PROPOSED STRUCTURES.**
- 2. PHOTOGRAPH(S) OF EXISTING PROPERTY.**

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 _____ 2012

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 _____ 2012

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 _____

**FOR OFFICIAL USE ONLY
TAXES OF RECORD 2012**

FIRST QUARTER _____

SECOND QUARTER _____

THIRD QUARTER _____

FOURTH QUARTER _____

THE TAX COLLECTOR OF MOUNT OLIVE TOWNSHIP _____

CERTIFIES THAT THE ABOVE TAXES ARE PAID TO DATE.

DATE: _____

**TOWNSHIP OF MOUNT OLIVE
PLANNING BOARD**

APPLICATION #PB_____

Notice to property owners and newspaper of appeal please take notice that the undersigned has filed an appeal with the Township of Mount Olive Planning Board from the requirements of the Land Use Ordinance to permit _____ on premises known as _____ Block _____ Lot _____ on the tax map of the Township of Mount Olive.

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 _____, 2012 at least ten (10) days prior to hearing date, give personal notice to all roperty 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 _____ 2012

(A Notary Public of the State of New Jersey)