

MOUNT OLIVE TOWNSHIP PLANNING BOARD VARIANCE APPLICATION INSTRUCTIONS

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, Schedule of Fees, Checklist – Page 1 thru 3
2. Request for Variance – Pages 4 thru 6
3. Affidavit – Page 7: 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 8: 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 9: If the applicant represents a corporation or partnership, this form must be completed and submitted with the application package.
6. Site Inspection Authorization – Page 10
7. W-9 Form: - (Requires Birth Date and Social Security Number)

The applicant is required to submit the original plus 5 copies of the completed application, 1 set of plans in pdf or similar format, 15 full sized sets of plans to the Board Secretary along with 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. If the escrow account becomes deficient, additional funds may be needed to replenish the account. Any money remaining in the escrow account will be returned to the applicant upon the completion of the project.

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, email to drlegals@gannett.com - **The Daily Record, 800 Jefferson Road, Parsippany, NJ 07054 Phone 1-800-398-8993** . 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. 7313 with any questions.

**Mount Olive Township Fee Schedule
as per Section 550-17 of the Lane Use Ordinance**

“C” VARIANCE	APPLICATION FEE	ESCROW FEE
RESIDENTIAL	\$100.00 per lot	Minimum of \$500.00 per lot
NON RESIDENTIAL	\$250.00 per lot	Minimum of \$750.00 per lot
“D” VARIANCE	APPLICATION FEE	ESCROW FEE
RESIDENTIAL	\$250.00 per lot	Minimum of \$2,000.00 per lot
NON RESIDENTIAL	\$500.00 per lot	Minimum of \$5,000.00 per lot

MOUNT OLIVE TOWNSHIP VARIANCE APPLICATION CHECKLIST

PLAN DETAILS	CHECK IF SUBMITTED
Metes & Bounds (as per survey)	
Title Block containing: Names of Applicant Preparer of Plans Date Prepared Block & Lot Zoning District	
Scale of Map	
North Arrow	
Location of existing and proposed structure and setbacks from property line.	
Height of existing and proposed structure	
Location of well and septic system	
Architectural design prepared by a Licensed Architect in the State of New Jersey	
Landscaping Plan	
Proposed sight triangle easements	
Location and type of any existing easements or right-of-way	
Depict existing versus proposed interior layout	
Contours to determine the natural drainage	
Driveway design	
Photographs of property	

MOUNT OLIVE TOWNSHIP
PLANNING BOARD
VARIANCE APPLICATION

Applicant:

Name: _____
Address: _____

Phone: _____
Email: _____

Owner:

Name: _____
Address: _____

Phone: _____
Email: _____

Engineer/Surveyor:

Name: _____
Address: _____

Phone: _____
Email: _____

Attorney:

Name: _____
Address: _____

Phone: _____
Email: _____

Relationship of the Applicant to the Property is:

Owner: _____ Purchaser Under Contract: _____

Location of Premises:

Street: _____
Block: _____ Lot: _____
Zone: _____

How long has present owner had title to the property? _____

Has the applicant ever owned or presently owned property contiguous to the subject property?

Yes _____ No _____

If yes, please provide: Block: _____ Lot: _____

Date conveyed: _____

Has there been any previous appeals, requests, or applications involving this property?

Yes _____ No _____

If yes, please provide state case number, nature, date, and disposition of matter:

Are there any easements/deed restrictions affection this property?

Yes _____ No _____

If yes, please describe: _____

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(s): _____

Does parcel adjoin a state or 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 and structure): _____

Area of lot/parcel in square feet: _____

JUSTIFICATION FOR VARIANCE

Describe why the proposed improvement cannot conform to the setback and/or height requirements of the Zone District. Are there physical conditions on your property which prevent compliance with the Zone District Regulations?

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 Zoning Plan and Zoning Ordinance.

SITE CHECKLIST

The applicant is required to submit the following with regard to the application for a deck, shed, or fence:

1. Current survey of property showing location of septic and well, location of existing and proposed buildings, dimensions of proposed structures (height, width, and depth). Plans drawn to scale.
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 the 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 _____ 20__

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 _____ 20__

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:

Name: _____
Address: _____
Phone: _____
Email: _____

Title Location of Property: _____
Block: _____ Lot: _____ Zone: _____

FOR OFFICIAL USE ONLY
TAXES OF RECORD FOR YEAR 20__

First Quarter	_____
Second Quarter	_____
Third Quarter	_____
Fourth Quarter	_____

_____ Mount Olive Township, Tax Collector Certifies that the above taxes are paid to date.	_____ Date
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**CERTIFICATE OF OWNERSHIP OF APPLICANT
AS REQUIRED BY NEW JERSEY LAW
(P.L. 1977, CHAPTER 336)**

Listed below are names and addresses of all owners of 10% or more of the stock/interest* in the undersigned applicant corporation/ partnership.

NAME	ADDRESS

*Where corporations/partnerships own 10% of more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names and addresses of the non-corporate stockholders/individual partners exceeding the 10% ownership criterion have been listed.

_____ Signature of Officer/Partner	_____ Date
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_____ Name of Applicant Corporation/Partnership	_____ Date
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**MOUNT OLIVE TOWNSHIP
PLANNING BOARD
SITE INSPECTION AUTHORIZATION**

I, _____, THE UNDERSIGNED PROPERTY OWNER, HEREBY GRANTS PERMISSION FOR MOUNT OLIVE TOWNSHIP OFFICIALS TO CONDUCT A SITE INSPECTION ON LOT _____ IN TAX BLOCK _____, OTHERWISE KNOWN AS _____ IN CONNECTION WITH AN APPLICATION FILED WITH THE PLANNING BOARD FOR THIS PROPERTY.

(Property Owner or Authorized Agent)

Date

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

____ - ____

Part II 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, 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. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**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 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 _____ 20__, at 7:00 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.

Applicant

Date

FOR NEWSPAPER INFORMATION ONLY

Applicant Name: _____
Address: _____
Email: _____
Phone Number: _____

Public Notices for The Daily Record email: drlegals@gannett.com
Phone: 1-800-398-8993

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 _____, 20__ 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 _____ 20__

(A Notary Public of the State of New Jersey)