



MOUNT LAUREL TOWNSHIP
Planning and Zoning Division
750 Centerton Road
Phone: 856-234-0001
Suzanna Baskay, Zoning Board Admin. x1226
Trish Hochreiter, Planning Board Admin. x1318

MEMORANDUM

To: Applicant
From: Planning and Zoning Board Administrators
Re: Minor Site Plan Alteration Application

Attached is a Minor Site Plan Alteration application packet.

Please complete all forms and submit this application to the Planning or Zoning Board Secretary along with the following:

- Cover letter with explanation of the proposed changes, 5 copies
- previously approved site plan, 1 copy
- Amended Site Plan showing the proposed alterations, 6 copies
- \$250.00 Filing fee
- \$1,000.00 Escrow fee

All plans must contain the signature and raised seal of the Engineer.

You will be notified in writing of the results of your application. If approved, two (2) sets of signed plans will be made available to you.

Should you have any questions or need further information regarding the application process, please do not hesitate to contact this office at 856-234-0001.



MOUNT LAUREL TOWNSHIP
Land Use Administrator
750 Centerton Road
Mount Laurel, NJ 08054
Email: sbaskay@mountlaurel.com
PHONE 856-234-0001 x 1226
FAX: 856-273-0106

MEMORANDUM

Please be aware that as per the Mount Laurel Township fee schedule included in your application, Ordinance 2010-6, Escrow monies are to be replenished with each revision of plans, upon receipt of pre-compliance, compliance or final plans the week of public hearings, a meeting to memorialize a Resolution by the Boards or upon request.

Mount Laurel Township Ordinance 154-103(7) Submission of revised plans requires the applicant to also submit additional escrow fees in the same amount as the initial escrow fee.

Mount Laurel Township Ordinance 154-103(8) Submission of compliance plans requires the applicant to submit an escrow fee of \$1,000.00. This escrow is based on plans that satisfy all conditions of approval.

Plans will not be accepted if the required escrow monies are not included with the submission or if the escrow account is not in good standing.

Plans mailed to the Zoning or Planning Boards without the required fee or with a deficient escrow account will be held for no more than ten (10) days to allow for an escrow deposit. If the deposit is not received within ten (10) days the plans will be rejected and will be sent back to, or require pick up by, the applicant.



MOUNT LAUREL TOWNSHIP PLANNING AND ZONING BOARDS
FEE SCHEDULE.
ORDINANCE CHAPTERS 124, 138, 148 AND 154

APPLICATION TYPE	APPLICATION FEE	ESCROW FEE
SITE PLANS (124-11)		
Informal Concept	\$100	\$500
Formal Concept to the Planning Board	\$500	\$2,000
Minor Site Plan	\$250	\$4,000
Minor Site Plan Alteration (committee application)	\$250	\$1,000
Preliminary Major and Amended	\$275	Residential \$2,000 plus \$50 unit Non-residential \$4,000 plus \$25 per 100 sf of floor area to a maximum of \$15,000
Final Major and Amended	\$275	Residential \$2,000 plus \$50 unit Non-residential \$3,000 plus \$25 per 100 sf of floor area to a maximum of \$10,000
Preliminary & Final Combined and Amended	\$375	Residential \$3,000 plus \$50 per unit Non-residential \$5,000 plus \$200 per 100 sf of floor area to a maximum of \$25,000
Site Plan Waiver	\$100	\$200
Conditional Use	\$200	\$500 plus applicable variance subdivision and/or site plan fees
Extension of Approval	\$150	\$250

D (Use variance)	\$250	Residential \$2,000 Non-residential \$5,000 plus applicable SP or SD fees
Conditional Use	\$200	\$500 plus Variance, SP or SD escrow fees
ALL APPLICATIONS		
Publication of Decision	\$40.00	
200 foot Property owners list	\$10.00 per lot	
Plan Revisions and Pre-Compliance		\$1,000
Final Compliance Plans		Same as the initial escrow requirement
Prior to Board Hearings		Same as the initial escrow requirement
Request for Special Meeting	\$100	\$250
Extension of Approval	\$150	\$250

Please submit 4 separate checks made out to Mount Laurel Township

- 1.) Combined escrow
- 2.) Application
- 3.) Publication of Decision
- 4.) 200' property list

- Escrow fees are cumulative for all applications.
- Escrow fees are an initial requirement and not an estimate
- Escrow monies are to be replenished with each revision of plans, upon receipt of compliance or final plans, the week of public hearings, or memorialization of a resolution, and upon request of the Board Secretary.

Mount Laurel Township

Department of Community Development

750 Centerton Road, Mount Laurel New Jersey 08054

Phone: 856-234-0001 Fax: 856-273-0106 www.mountlaurel.com

APPLICATION FOR LAND DEVELOPMENT

Application No. _____

SITE ADDRESS: _____

Date Rec'd _____

BLOCK: _____ LOT: _____ ZONE(S) _____

PLEASE CHECK ALL THAT ARE REQUESTED:

- | | | |
|---|--|--|
| <input type="checkbox"/> Minor Site Plan | <input type="checkbox"/> Preliminary Major Site Plan | <input type="checkbox"/> Final Major Site Plan |
| <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Preliminary Major Subdivision | <input type="checkbox"/> Final Major Subdivision |
| <input type="checkbox"/> Concept Plan (optional) | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Minor Site Plan Alteration | <input type="checkbox"/> New Application | <input type="checkbox"/> Extension of Time |
| <input type="checkbox"/> Site Design Waiver (Exception) _____ | | |

Variation Action Request (NJSA 40:55D-70)

- ☐ (a) Appeal of Admin. Officer Action
- ☐ (b) Interpretation
- ☐ (c) Bulk Variance
- ☐ (d) Use Variance

1. Applicant's Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Status of Applicant: ☐ Individual ☐ Partnership ☐ Corporation

Names and Addresses of all stockholders or individual partners owning at least 10% of stock or interest per N.J.S.A 40:55D-48.1 through 48.4 (Attach a separate sheet if necessary.)

2. Owner's Name _____

Address: _____

Phone: _____ Fax: _____ Email: _____

3. If Applicant is required to be represented by a New Jersey, list N.J. attorney's name & address here:

N.J. Attorney's Name _____

N.J. Attorney's Address _____

Phone: _____ Fax: _____ Email: _____

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4. (a) Check here ☐ if zoning variances are required.
- (b) Check here ☐ if exceptions to the application or municipal requirements are requested (N.J.S.A 0:55D51)
- (c) Check here ☐ if exceptions to the Residential Site Improvement Standards (RSIS, NJAC 5:21-3.1)
- (d) Check here ☐ if waivers from the RSIS (N.J.A.C 5:21-3.2) are requested. (Such waivers require application to, and approval of, the N.J. Site Improvement Advisory Board.)

NOTE: If any of the above four (4a, b, c, d) are required, attached hereto separate exhibit(s) for each category of relief sought, stating the factual basis, legal theory, and whether they have been previously granted.

5. Name(s) and address (es) of person(s) preparing plans and reports (*Attach additional sheets if necessary*):

Name: _____ Profession: _____ NJ Licenses: _____
Address: _____ Phone: _____ Fax: _____
Email: _____

Name: _____ Profession: _____ NJ Licenses: _____
Address: _____ Phone: _____ Fax: _____
Email: _____

6. (a) Are there any existing Deed Restrictions? (Check box that applies) ☐ NO ☐ YES (Attach copy of existing restrictions.
- (b) Are any Deed Restrictions proposed? (Check box that applies) ☐ NO ☐ YES (Attach copy of proposed restrictions.
-

7. Contemplated form of ownership (Check all that apply):

☐ Fee Simple ☐ Condominium ☐ Cooperative ☐ Rental

8. Briefly describe and include dates for any prior or currently pending proceedings by the applicant, or other if known, before this Planning Board or Zoning Board or any other federal, state, or local board or agency involving the property which is the subject of this application. (Attached sheet if necessary)

9. List exact section of Township Code where variance (s) or waiver (s) is requested (Attach sheet if necessary)

The Variance sought is from Section _____ of the Zoning Ordinance to Enable the Applicant to _____

Hardship or Special Reasons why the Variance Should be Granted (Attach sheet) _____

10. List any material accompanying this application. (Attach sheet if necessary)

11. Applicant certifies that the plans and the attached (Checklist if applicable) are accurate to the best of his/her knowledge.

Applicant's Signature

Date

Applicant's Name (please print)

Consent of Owner

I, the undersigned, being the owner of the lot or tract described in this application. Hereby consent to the making of this application and the approval of the plans submitted herewith with conditions, if appropriate. I further consent to the inspection of this property in connection with this application as deemed necessary by the Municipal Agency. (If owned by a corporation, attach copy of resolution authorizing application and officer signature.)

Print Name Company Name or Individual Position/Title

Signature Date

Sworn and Subscribed to before me this

____ Day of _____, 20____

FEES: See Ordinance 2010-3, 2010-4, 2010-5 & 2010-6

Please provide separate checks made payable to "Township of Mount Laurel" for the following fees:

Filing Fee _____

Escrow Fee _____

Variance Fees _____

Publ. Of Decision _____

Packet Fee _____

Received this _____ Day of _____, 20____

Signature of Board Administrator

MOUNT LAUREL TOWNSHIP ZONING BOARD OF ADJUSTMENT
A F F I D A V I T

STATE OF :
 ss.:
COUNTY OF :

_____, of full age, being duly sworn according to
law, upon his oath deposes and says:

1. I am _____ (Title, i.e., Secretary, President, a Partner) in the firm
of _____ (name), a corporation/partnership with principal
offices at _____. The State of incorporation
is _____ (if a corporation).

2. I am duly authorized by _____ to make this
statement under oath in order to comply with the laws of the State of New Jersey as
required by P.L. 1977, Chapter 336 with respects to an application for development filed
or to be filed with the Mount Laurel Township Zoning Board of Adjustment _____

(insert: a. " to subdivide a parcel of land into six or more lots; and/or b. " for a
variance to construct a multiple dwelling of 25 or more family units; and/or " for
approval of a site to be used for commercial purposes" . The applicant in this matter is

3. I further state to my own personal knowledge that the following list of persons
own 10% or more of the stock of any class of stock of the corporation or 10% or more of
the interest in the partnerships:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(Signature)

POSITION OR TITLE

, 20

NOTE TO APPLICANT : In the event a corporation or partnership is listed in a paragraph 3 above, and authorized officer or partner of the listed entity shall also file an affidavit in the same form as this one listing names of owners of 10% or more in that entity.

ESCROW AGREEMENT TO PAY FEES

THIS AGREEMENT, made and entered on this _____ day of _____ 20____, by and between the Township of Mount Laurel (hereinafter TOWNSHIP) and the Mount Laurel Township Zoning Board of Adjustment (hereinafter BOARD) and _____ (hereinafter APPLICANT), is made upon the following terms and conditions:

PROJECT NAME: _____

PROJECT LOCATION: _____

BLOCK(S): _____ LOT(S): _____

APPLICANT NAME: _____ APPLICATION # _____

APPLICANTS FEDERAL I.D. NO. OR SSN: _____

APPLICANT ADDRESS: _____

PHONE # _____

1. PURPOSE: The Board authorizes its professional staff to review, inspect, report, and study all plans, documents, statements, improvements, and provisions made by the Applicant in conforming to the requirements of the Code of the Township of Mount Laurel, New Jersey. The Board directs its professional staff to make all oral and/or written reports to the Board of its conclusions and findings derived from the review, study, investigation and like or similar duties performed as elsewhere authorized. The Applicant, by execution of this agreement, agrees to pay all reasonable professional fees incurred by the Board for the performance of the duties outlined above.
2. ESCROW DEPOSIT: The Township and Board hereby acknowledge initial receipt of \$ _____, said sum being a cash deposit to be placed in a township trust account to cover the cost of the aforementioned review, study and investigation fees. Such sum shall be charged periodically as fees and charges accrue and the balance of the escrow sum, if any, after all charges and fees have been paid shall be returned to the Applicant.
3. INCREASE IN ESCROW FUND: The Applicant to pay any additional sum required to pay charges and fees not covered by the escrow fund within fifteen (15) days after the date of receipt of a notice of deficiency by the appropriate township office. The Applicant understands and agrees to pay such sum notwithstanding any dispute to the reasonableness of fees and charges.

4. CONTEST OF REASONABLENESS: The Applicant that the reasonableness and/or accuracy of any fee or charge may be challenged within seven (7) days of receipt of the professional's billing voucher and in accordance with the Code of the Township of Mount Laurel, New Jersey. Where the Applicant objects to the payment of any voucher from the escrow fund, he/she shall have the right to appeal, in accordance with the requirements of the Municipal Land Use Law, N.J.S.A. 4-0:55D-1 d seq.

5. NOTICE: The Applicant agrees that all notice or refunds shall be mailed to the following address:

Contact Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____ Email : _____

6. I agree-to be responsible for all bills against this development's escrow account. In the event that this project is sold or my interest is transferred to another party, my obligation can only be relieved if all outstanding escrow bills are paid and the new principal obligates himself to the responsibility of all future bills in an agreement with the Township.

COLLECTION: Should the Applicant fail to pay any amount required to be paid hereunder when due, the Township shall be entitled to pursue all remedies at law or equity. Interest shall accrue at the rate of 18% per annum simple interest on all sums unpaid after the due date. The Township may collect a reasonable attorney's fee which shall not be less than \$300.00 should litigation for the purpose of collecting any sum be commenced,

Applicant must sign

Date

cc: Finance Office, _____
date of transmittal

Professional Staff, _____



MOUNT LAUREL TOWNSHIP
Zoning & Planning Division
750 Centerton Road
Mount Laurel, NJ 08054

TO: ZONING BOARD OF ADJUSTMENT & PLANNING BOARD

FROM: TAX COLLECTORS OFFICE

RE: TAX CERTIFICATION/PROPERTY STATUS

DATE:

ONLY ONE BLOCK AND LOT PER REQUEST ON THIS FORM. THE NAME MUST BE AS IT APPEARS ON THE TAX BILL. VERIFICATION OF BLOCK, LOT AND OWNER INFORMATION IS AVAILABLE IN THE TAX BOOK LOCATED OUTSIDE THE TAX ASSESSORS OFFICE.

In reference to Block _____, Lot _____, Qualifier _____

Located at: _____

Assessed to (property owner) _____

Tax Collector Office:

Date: _____

Certified by: _____

Paid Current: _____

or Delinquent (Quarter(s)): _____

Liens: _____

Zoning Violation(s): _____

Current Escrow Account(s): _____

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►
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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.