



Township of Evesham.

www.evesham-nj.org

984 Tuckerton Road • Marlton • NJ 08053 • 856-983-2900 • [Township Code](#)

Land Development Application Form

Use this form for **Residential** variance/s for pools, sheds, fences, or additions.

The application must be filed with the board **at least 20-days prior** to the hearing date.

Application Fee is Nonrefundable.

Application Fee (94-10): _____

Date received: _____

Escrow (initial deposit): _____

PB or ZBA #: _____

HPC App #: _____

If you are not familiar with the [Township Zoning Code \(Ch. 160\)](#), please see the Township Administrative Officer for assistance or visit the Community Development webpage:

<http://www.evesham-nj.org/index.php/forms-comm-dev> or

[Application Checklists: Attachments to Chapter 94 Land Use Regulations](#)

1. SITE INFORMATION

ZONE DISTRICT: _____

Property Address: _____

Block/s: _____ Lot/s: _____

Development Name: _____ Home Owners Association: YES [] NO []

Is the property within the [Pinelands](#). YES [] NO []

Present Use: _____

Proposed Use: _____

2. APPLICANT/OWNER INFORMATION

Applicant Name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Form of Ownership: [] Individual [] Partnership [] Corporate

[] Government [] Nonprofit [] Utility

If applicant is not the owner, state applicant's authority to bring this application and specific interest in application (i.e. agent for owner, equitable interest, agreement of sale): _____

Property Owner Name: _____

Property Owner Address: _____

Phone #: _____ Email: _____

3. APPLICATION TYPE: Check as many items as applicable.

[] Bulk Variance [] Use Variance [] Conditional Use

[] Informal Review [] Interpretation of Zoning Map or Ordinance

[] Appeal of Decision [] Waiver of Development Standards

[] Other (describe) _____



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4. ROADWAY JURISIDCTION: NJ State County Route Municipal Road

5. PROPERY DIMENSIONS:

- a. Total Area in square feet or acres: _____
- b. Frontage in feet: _____
- c. Corner property: Yes or No

6. SITE PLAN INFORMATION:

	<u>Existing</u>	<u>Proposed</u>	<u>Required</u>
a. Minimum Lot Area (sf) or acres	_____	_____	_____
b. Building coverage limit (%)	_____	_____	_____
c. Front Yard Setback (ft)	_____	_____	_____
d. Side Yard Setback (ft)	_____	_____	_____
e. Rear Yard Setback (ft)	_____	_____	_____
f. Frontage (ft)	_____	_____	_____
g. Impervious coverage limit (%)	_____	_____	_____
f. Clearing Limits (%)	_____	_____	_____

Type of Building Construction: Brick Frame Other
 Architectural Style: _____

NOTES: _____

7. VARIANCES: Complete for variance applications. [Public Notice \(15-16\)](#) **must be completed by the applicant in compliance with the requirements of the New Jersey Municipal Land Use Law. A copy of the public notice and proof of service are required.**

A. Briefly describe each variance requested and provide Zoning Code Section from which relief is being sought: _____

B. If a "d" variance is requested, what are the special reason(s) which support your application: (This type of variance can only be heard by the Zoning Board of Adjustment) _____

C. If a "c" variance is requested, what are the exceptional property conditions which prevent you from complying with the zoning ordinance? _____



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D. If a "c" variance is requested and you contend there are no exceptional property conditions, how will the Municipal Land Use Act be advanced if the variance were to be granted and how would the benefits of a variance outweigh any detriment? _____

E. Supply a brief statement of facts showing why the requested variance can be granted without substantial detriment to the public good and without substantial impairment to the intent and purpose of the Township's zoning plan and zoning ordinance: _____

8. INTERPRETATION - APPLICATION: For Zoning Board of Adjustment only.

Attach a statement of contentions and provide Code Section(s) in question.

9. APPEAL DECISION OF ZONING OFFICER OR BUILDING INSPECTOR - APPLICATION:

Attach a statement which includes the following: (1) Description of the order, determination or decision being appealed (hereinafter called "adverse ruling"), (2) Name and Title of enforcing officer, (3) Date adverse ruling was issued, (4) Date applicant received adverse ruling, (5) Why you allege the adverse ruling is in error, (6) The relief you are seeking, and (7) If the adverse ruling is upheld, do you request that a variance be considered?

10. OTHER AGENCIES OR PRIOR APPROVALS REQUIRED:

Agency	Yes or No	Date Submitted
A. <u>Burlington County Planning Board</u>		
B. <u>Burlington County Soil Conservation</u>		
C. <u>Pinelands Commission</u>		
D. <u>NJ Department of Transportation</u>		
E. <u>NJ Department of Environmental Protection</u>		
F. <u>Other: (Describe)</u>		

11. SUBMISSION ITEMS: Plans, surveys, photos, reports, & other items included with application.

Item/Exhibit	Date/Last Revision	Prepared By



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12. SUPPLEMENTAL INFORMATION:

A. Have there been any previous applications for this property filed with the Planning Board or Zoning Board?

Planning Board: Yes [] No [] Zoning Board: Yes [] No []

B. Describe any deed restrictions affecting the property: _____

C. Describe any proposed deed restrictions: _____

D. Describe any easements or rights of way affecting the property: _____

E. Describe any easements or rights of way proposed by the applicant: _____

13. CORRESPONDENCE: In addition to the applicant, to whom should Township and/or the Board Professional/s correspondence be sent?

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

14. APPLICANT PROFESSIONAL & EXPERT WITNESS LIST:

A. Name & Profession (Attorney, Engineer, Planner etc): _____

Mailing Address: _____

Phone #: _____ Email: _____

B. Name & Profession (Attorney, Engineer, Planner etc): _____

Mailing Address: _____

Phone #: _____ Email: _____

C. Name & Profession (Attorney, Engineer, Planner etc): _____

Mailing Address: _____

Phone #: _____ Email: _____



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15. CERTIFICATIONS:

A. TAX COLLECTOR CERTIFICATION ([Proof of Payment](#))

It is hereby certified that all taxes, municipal liens, and utility charges for the address and block and lot below are paid and current as of _____.

Address: _____

Block/s: _____

Lot/s: _____

Property Owner: _____

Evesham Township Tax Collector Signature and Date

B. APPLICANT CERTIFICATION:

The undersigned certify they are the applicant(s) named in the foregoing application or the undersigned certify they are legally authorized to submit the foregoing application and may sign this Certification on behalf of the applicant. The undersigned certify the information stated in the foregoing application and submissions made therewith are true and correct. If any of the foregoing statements are willfully false, the undersigned understand they are subject to punishment.

Applicant Signature Date

Print Name: _____

Print Title: _____

Applicant Signature Date

Print Name: _____

Print Title: _____

C. OWNER CERTIFICATION:

The undersigned hereby certify that he/she/it/they is/are the owner(s) of the property which is the subject of the foregoing application and that the applicant named therein has been authorized to submit said application to the Planning Board or Zoning Board of Evesham Township. The undersigned certify he/she/it/they is/are said owner(s) or is/are legally authorized to sign this certification on behalf of the owner. The undersigned realize that if any of the foregoing statements are willfully false, he/she/it/they is/are subject to punishment

Owner Signature Date

Print Name: _____

Print Title: _____

Owner Signature Date

Print Name: _____

Print Title: _____



Township of Evesham.

<https://evesham-nj.org/>

984 Tuckerton Road • Marlton • NJ 08053 • 856-983-2914 • [Community Development](#) [Township Code](#)

D. AGREEMENT TO PAY FEES: This agreement, made and entered on ____ 20__, by and between the Township of Evesham, a Municipal Corporation of the State of New Jersey (hereinafter TOWNSHIP) and _____
_____ **homeowner** (hereinafter DEVELOPER), is made upon the following terms & conditions.

INFORMATION AND CONTACT/S: Entity responsible for escrow

Project Name: _____

Applicant Name: _____ **Escrow Contact Name:** _____

Applicant/entity name responsible for the escrow must match the name submitted on the W9

Phone #: _____ Email: _____

Applicant Mailing Address: _____

Notice: DEVELOPER agrees that all notices or refunds shall be mailed to the following address (note if different to above): _____

1. Agreement to Pay Fees: DEVELOPER hereby covenants and agrees to pay all charges and fees imposed by the TOWNSHIP in connection with the application for development filed contemporaneously herewith. Such fees include, but are not limited to, application fees, attorney review fees, engineer review fees planner review fees, copy costs and postage applicable to this application.

2. Escrow Deposit: TOWNSHIP hereby acknowledges receipt of \$_____, said sum being a cash deposit to be placed in a TOWNSHIP trust account to cover the cost of the aforementioned review and inspection 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 DEVELOPER.

3. Additional Payments: The DEVELOPER agrees to pay any additional sum required to pay charges and fees not covered by the escrow deposit within fifteen (15) days after the date of receipt of a notice of deficiency by the appropriate Township Office. The DEVELOPER understand and agrees to pay such sum notwithstanding any dispute as to the reasonableness of the fees and charges.

4. Contest of Reasonableness: DEVELOPER agrees 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 advice copy and in accordance with the Code of the Township of Evesham. DEVELOPER understands and agrees that the aforesaid procedures shall be the sole and exclusive method of challenging the reasonableness and/or accuracy of charges and fees and hereby waives any longer statute or limitations.

5. Notice: See Developer information and contact/s above

6. Transferability: DEVELOPER understands and agrees that this contract agreement is not transferable, in whole or in part, nor can the DEVELOPER relieve himself/herself from obligation as stated in this contract agreement until such time as said DEVELOPER provides an acceptable dated replacement contract agreement to relieve said DEVELOPER of any further obligation as stated in this contract agreement. This transfer of obligation shall commence on the later of the date of the acceptance by the TOWNSHIP of this replacement contract agreement.

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

Signed Developer

Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

LAND USE REGULATIONS

94 Attachment 3

Township of Evesham

Pool Variance Submission Checklist
[Added 12-15-2015 by Ord. No. 30-12-2015]

Applicant's Name _____ Date _____

Applicant's Address _____ Block _____ Lot _____

- _____ 1. Application Form – one original and 18 copies
- _____ 2. Agreement to pay fees and W-9 – one original
- _____ 3. Escrow fees as required

Nineteen copies of the following shall be submitted:

- _____ 4. Sealed survey showing all existing and proposed conditions, including all setbacks
- _____ 5. Topographical survey showing existing and proposed contours and elevations
- _____ 6. Building and lot coverage worksheet

LAND USE REGULATIONS

94 Attachment 4

Township of Evesham

Building and Lot Coverage Worksheet
[Added 12-15-2015 by Ord. No. 30-12-2015]

Block: Lot Zoning District

1. SQUARE FOOTAGE OF YOUR PROPERTY (1 ACRE = 43,560 S.F.) sq. ft.

Table with 3 columns: Building Coverage - Existing (house and attached additions), Dimensions, Square Feet. Rows include House, Attached Garage, Attached Deck, Other Attached, and Total existing building coverage.

Table with 3 columns: Lot Coverage - Existing (building coverage + impervious surfaces + accessory structures), Dimensions, Square Feet. Rows include Building coverage, Driveway, Walkways/patio, Detached garage(s), Decking, Shed, gazebo, greenhouse etc, Pool, Other, Total Existing Lot Coverage, and Total % of Existing Lot Coverage.

Table with 3 columns: Building Coverage - Proposed (Identify structure i.e. addition, deck, attached garage etc.), Dimensions, Square Feet. Rows 17 and 18 for additional proposed building coverage.

Table with 3 columns: Lot Coverage - Proposed (i.e. new patio, driveway, shed, pool), Dimensions, Square Feet. Rows 19 and 20 for additional proposed lot coverage, followed by summary rows 21-24.

** The Zoning Officer will fill in this ratio

SAMPLE PUBLIC NOTICE PACKET

Notice Requirements for Hearings Township Code 15-16

At least 10 days PRIOR to the date of the hearing for a variance or other application that requires public notice in accordance with the Code and Municipal Land Use Law. The applicant must complete Public Notice of the application by (A) Newspaper and (B) to the 200' List. The notice must be completed in accordance with the Municipal Land Use Law. Please see Township Code [15-16](#) for additional guidance and/or consult with your land use attorney.

A. NEWSPAPER: Public notice shall be given by publication **in one (1) of the official newspapers** of the Township **at least 10 days prior to the date of the hearing, and**

<u>Official Newspaper/s</u>	<u>Phone #</u>	<u>Email</u>
Burlington County Times:	(215) 949-4112	legals@thebct.com
Courier Post:	(732) 897-4406	cplegals@gannet.com
Central Record:	(215) 648-1066	sjlegals@ingnews.com

B. 200' LIST NOTICE/LETTER: Notice shall also be given to the owners of all real property as shown on the current tax assessor records within 200 feet in all directions of the property which is the subject of such hearing and whether located within or without the Township in which the applicant's land is located **at least 10 days prior to the date of the hearing.**

AFTER the Board renders a final decision, the applicant must complete the Publication of the decision, see Township Code [15-19](#). A brief notice of every final decision shall be published in the official newspaper of the Township. Such publication shall be arranged **by the applicant** who shall bear the expense of same. The aforementioned notice **shall be sent to the official newspaper for publication within 10 days of the date of adoption of a memorializing resolution.**

SAMPLE 1: Newspaper Public Notice

PLEASE TAKE NOTICE that the Evesham ___INSERT BOARD Planning or Zoning___ Board will hold a public hearing on the application of ___INSERT NAME___ at the Evesham Municipal Building, 984 Tuckerton Road, Marlton, NJ, on ___INSERT MEETING DATE___ 20__ at 7:00 p.m. The subject property is located at ___INSERT SITE ADDRESS___ it is known as Block ___INSERT___ and Lot ___INSERT___ on the Evesham Township Tax Maps. The applicant is proposing ___Insert Project Description___.

The applicant is seeking the following variances or waivers: ***[The following is an example. Please edit as needed to match your what you are seeking in your application.]***

- 1. Side yard (30' required, 10' proposed) per Code Section 160-
- 2. Front yard (80' required, 60' proposed)
- 3. 6' fence where a 4' fence is required per Code Section 160-
- 4. The applicant will also seek any other waivers or variances noted by the Board or its staff during the course of review.

Interested persons may attend this meeting and be heard. Copies of the application, plans and supporting documents are on file with the Planning/Zoning Board Secretary at the Evesham Municipal Building and may be inspected during regular business hours.

SAMPLE 2: 200' List Notice/Letter of hearing to property owners

In accordance with the requirements of the Township of Evesham Ordinance and N.J.S.A. 40:55D-12 (Revised Statutes of NJ), you are hereby notified that the application for development has been filed by the undersigned with the Administrative Officer. Copies of the application, plans and supporting documents are on file with the Planning/Zoning Board Secretary at the Evesham Municipal Building and may be inspected during regular business hours.

PLEASE TAKE NOTICE that the Evesham ___INSERT BOARD Planning or Zoning___ Board will hold a public hearing on the application of ___INSERT NAME___ at the Evesham Municipal Building, 984 Tuckerton Road, Marlton, NJ, on _____ 20__ at 7:00 p.m. The subject property is located at ___INSERT ADDRESS___ it is known as Block _____ and Lot _____ on the Evesham Township Tax Maps. The applicant is proposing ___Insert Project Description___.

The applicant is seeking the following variances or waivers: ***[The following is an example. Please edit as needed to match your what you are seeking in your application.]***

- 1. Side yard (30' required, 10' proposed) per Code Section 160-
- 2. Front yard (80' required, 60' proposed)
- 3. 6' fence where a 4' fence is required per Code Section 160-
- 4. The applicant will also seek any other waivers or variances noted by the Board or its staff during the course of review.

Further take notice that the Board may at its discretions, adjourn, postpone, or continue hearings from time to time and you are hereby notified that you should make diligent inquiry of the Planning Board/Zoning Board Administrative Officer concerning such adjournments, postponements or continuations.

SIGNATURE: _____ DATE _____

LIST OF PROPERTY OWNERS SERVED

NOTICE: The list of required names and addresses shall be obtained from the most recent municipal tax list from the Tax Assessor. This form when executed shall show strict compliance with R.S. 40:55-44. This form shall be typewritten/handwritten and shall clearly indicate service made by registered mail or by hand delivery. **If hand delivered, addressee must sign** this sheet. **Each sheet must be certified by the applicant and witnessed by a notary.**

NAME AND ADDRESS

SERVICE TYPE/SIGNATURE

Signature of Applicant/Person who served the notices.

Sworn to before me this _____ day of ___ 20 ___

Notary Public of New Jersey

REQUEST FOR CERTIFIED LIST OF OWNERS

TO: **Tax Assessor**, Evesham Township
984 Tuckerton Road
Marlton, NJ 08053

I HEREBY REQUEST A CERTIFIED LIST OF PROPERTY OWNERS WITHIN
TWO HUNDRED (200') FEET OF:

BLOCK: _____ LOT: _____

SUBJECT PROPERTY
STREET ADDRESS: _____

ENCLOSED FIND FEE OF **\$10.00**, PAYABLE TO **EVESHAM TOWNSHIP**
AS REQUIRED FOR SAID CERTIFIED LIST.

SIGNED: _____

NAME: _____
(PLEASE PRINT)

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

**THE COMPLETED CERTIFIED LIST WILL BE FORWARDED TO THE
ABOVE NAMED APPLICANT WITHIN THE STATUTORY DEADLINE
OF SEVEN (7) WORKING DAYS FROM DATE REQUEST IS RECEIVED
IN THE ASSESSOR'S OFFICE**