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) _____

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:

	Existing	Proposed	Required
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? _____

_____

_____

_____

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.	Burlington County Planning Board		
B.	Burlington County Soil Conservation		
C.	Pinelands Commission		
D.	NJ Department of Transportation		
E.	NJ Department of Environmental Protection		
F.	Other: (Describe)		

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

Item/Exhibit	Date/Last Revision	Prepared By

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: _____

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 Applicant Signature Date

Print Name: _____ Print Name: _____
Print Title: _____ 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 Owner Signature Date

Print Name: _____ Print Name: _____
Print Title: _____ Print Title: _____

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 statue 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, TOWHSHIP 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**

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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:

☐ 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. 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.

☐ 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.)

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.

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.

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 on page 3.

Sign Here	**Signature of U.S. person** ▶	**Date** ▶

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.

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

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.

Building Coverage – Existing (house and attached additions)	**Dimensions**	**Square Feet**
2. House	_____	_____
3. Attached Garage	_____	_____
4. Attached Deck	_____	_____
5. Other Attached	_____	_____
6. Total existing building coverage (add lines 2 through 5)		_____

Lot Coverage – Existing (building coverage + impervious surfaces + accessory structures)	**Dimensions**	**Square Feet**
7. Building coverage (line 6)		_____
8. Driveway (including stone)	_____	_____
9. Walkways/patio (concrete & pavers)	_____	_____
10. Detached garage(s)	_____	_____
11. Decking (not attached to house)	_____	_____
12. Shed, gazebo, greenhouse etc	_____	_____
13. Pool (including water & decking)	_____	_____
14. Other	_____	_____
15. **Total Existing Lot Coverage** (add lines 7 through 14)		_____
16. **Total % of Existing Lot Coverage** (line 15 divided by line 1, then multiply by 100)		_____

Building Coverage – Proposed (Identify structure i.e. addition, deck, attached garage etc.)

17. _____	_____	_____
18. _____	_____	_____

Lot Coverage - Proposed (i.e. new patio, driveway, shed, pool)

19. _____	_____	_____
20. _____	_____	_____

21. Total Proposed Building and Lot Coverage (add lines 17 through 20) _____

22. Total Lot Coverage - Existing & Proposed (add lines 15 & 21) _____

23. Total % Lot Coverage (line 22 divided by line 1, then multiply by 100) _____

24. Total Building and Lot (Impervious) Coverage % permitted by code** _____

** The Zoning Officer will fill in this ratio

SAMPLE PUBLIC NOTICE PACKET

Notice Requirements for Hearings Township Code 15-16

NOTE: A copy of the draft proposed public notice of the application **must** be provided to the Board Secretary **prior to the notice being published online and mailed to the 200' Foot Radius List**. A sample public notice is on page 2.

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 provide** Public Notice of the application by **(A) publishing a Legal notice in an online news publication and (B) mailing written notice to the Certified Lists of Owners within 200 feet of the property(ies) AKA 200 feet List including Owners of properties outside Evesham (if applicable).** Please see Township Code 15-16 for additional guidance and/or consult with your land use attorney.

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

Official Newspaper/s	Phone #	Email
Burlington County Times:	(215) 949-4112	legals@thebct.com
Cherry Hill Courier Post:	(844) 590-5995	cplegals@gannett.com

B. 200 Feet List Notice/Letter to be mailed at least 10 days prior to the date of the hearing: Written notice shall also be given to the owners of all real property via certified mail (*no return receipt required*) as shown on the current tax assessor records within 200 feet of the applicant property (in all directions of the applicant property, including adjacent municipalities if applicable).

i. Proof of mailing, including a copy of the letter that is being sent, must be provided to the Board Secretary. Individual certified mail receipts must list the name and address of the property owner to whom the letter was sent and must be stamped by the USPS. *A cash register receipt listing the certified mail numbers and cost of mailing cannot be accepted as proof of mailing.*

C. AFTER the Board renders a final decision (resolution adoption), the applicant **must publish notice of the decision**, per Township Code 15-19. A brief notice of every final decision shall be published in the official online newspaper of the Township. Such online publication shall be arranged by the applicant who shall bear the expense of same. The aforementioned notice shall be sent to the official online newspaper for publication within 10 days of the date of adoption of a memorializing resolution. Proof of publication must be provided to the Board Secretary.

SAMPLE 1: Newspaper Online Public **Notice**

PLEASE TAKE NOTICE that the Evesham *Planning Board or Zoning Board (enter correct 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*___ known as Block _*INSERT*_and Lot _*INSERT*_ on the Evesham Township Tax Maps. The applicant is proposing __*Insert Project Description/Type of Work Proposed*___.

The applicant is seeking the following variances or waivers: ***[The following is an example. Edit as needed to match your what you are seeking in your application. Be sure to include the Code sections]***

1. Rear, side, front yard (XX feet required, XX feet proposed) (Code Section 160-XX and/or Code Section 62-XX)
2. 6' fence where 4' permitted in front yard (Code Section 160-)
3. Impervious coverage limit XX%/Proposed XX% (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 Foot 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 *Planning Board or Zoning Board (enter correct 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*___ known as Block _*INSERT*_and Lot _*INSERT*_ on the Evesham Township Tax Maps. The applicant is proposing __*Insert Project Description/Type of Work Proposed*___.

The applicant is seeking the following variances or waivers: ***[The following is an example. Edit as needed to match your what you are seeking in your application. Be sure to include the Code sections]***

1. Rear, side, front yard (XX feet required, XX feet proposed) (Code Section 160-XX and/or Code Section 62-XX)
2. 6' fence where 4' permitted in front yard (Code Section 160-)
3. Impervious coverage limit XX%/Proposed XX% (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 discretion, 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 Secretary concerning such adjournments, postponements or continuations".

SIGNATURE: _____ DATE _____

List of Property Owners Served via Hand Delivery

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 N.J.S.A 40:55D-12. This form shall be typewritten/handwritten and shall clearly indicate service made 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.
*PURSUANT TO THE MUNICIPAL FEE SCHEDULE (**AMENDED MARCH 2, 2004, BY ORDINANCE NO. 6-3-2004**) THE COST FOR A CERTIFIED PROPERTY OWNERS LIST IS $0.25 PER NAME OR A MINUMUM OF $10, WHICHEVER IS GREATER.*

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