

TOWNSHIP OF FAIRFIELD
SITE PLAN REVIEW APPLICATION

To: Planning Board ()
Board of Adjustment ()

Type of Application (Check One)
Preliminary Major Site Plan ()
Final Major Site Plan ()
Preliminary Minor Site Plan ()
Final Minor Site Plan ()
Revised Site Plan ()

1. Applicant's Name _____
Address _____ Phone # _____
2. Address of Property _____
3. Tax Map Lot _____ Tax Map Block _____
4. Zone Designation _____
5. Property Owner's Name _____
Address _____ Phone# _____
6. The Applicant is a: Corporation _____ Partnership _____
Individual _____ Other (Specify) _____
7. If the applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership.
8. The relationship of the applicant to the property in question is:
Owner _____ Tenant _____ Leasee _____
Purchaser Under Contract _____ Other (Specify) _____
9. Engineer or Architect: Name _____
Address _____
10. Type of Site Plan: New Building _____ Square Footage) _____
Addition _____ (Square Footage) _____ Alteration _____
Parking Lot _____ Landscaping _____ Driveway _____ Other (Specify) _____
11. Existing Use _____ Use Group _____
Proposed Use _____
12. Total Area of Lot _____ Percentage of Lot Coverage _____
13. Number of Parking Spaces: Required _____ Proposed _____
14. Name of Business or Tenant (if any) _____
15. Has this property been the subject of an application before the Board of Adjustment or the Planning Board? Yes _____ No _____
If YES, state when _____ Case Number _____ Granted _____ Denied _____
16. List any variances resulting from this application _____

17. Attorney: Name _____
Address _____ Phone # _____

STATE OF NEW JERSEY:

SS:

COUNTY OF ESSEX:

_____ of full age, being duly sworn according to law on oath
deposes and says, that the deponent resides at _____ in the
municipality of _____ in the County of _____ and is the
owner in fee of all that certain lot, piece or parcel of land situated, and designated.

(Owner to sign here)

AUTHORIZATION

(If anyone other than the above owner is making this application, the following authorization must be executed.)

To the Board of Adjustment () Planning Board ()
_____ is hereby authorized to make the within application.

***OWNER IS RESPONSIBLE FOR ANY ESCROW SHORTAGES NOT PAID BY APPLICANT.**

Dated _____

(Owner to sign here)

Sworn and subscribed to before me

this ___ day of ___ 20

Notary Public

AFFIDAVIT --- OUTSIDE AGENCY

PROOF OF SUBMITTAL OF APPLICATION TO ANY AND ALL FEDERAL STATE AND/OR COUNTY AGENCY WHERE REQUIRED MUST BE FURNISHED TO BOARD SECRETARY PRIOR TO APPEARING BEFORE THE BOARD. A COPY OF AFOREMENTIONED APPLICATION MUST ACCOMPANY THIS AFFIDAVIT.

STATE OF NEW JERSEY:
COUNTY OF ESSEX : SS

_____ of full age,
being duly sworn according to law, deposes and says, that he resides at _____
_____ in the municipality
of _____ County of _____
and State of _____ that he is the applicant in a
proceeding to be before the () Board of Adjustment () Planning Board of the
Township of Fairfield, N. J. for premises located at _____
_____ and
known as Block _____ Lot _____ on the tax Maps of the Township of
Fairfield; that on _____, 20 _____ be submitted an
application to _____

(Specify Agency)

for review and approval as it relates to the application before the municipal board for
the following:

(State type of case before the Board)

(Applicant's Signature)

Sworn to before me this
_____ day of _____
20_____.

(Notary Public)

PLEASE TAKE NOTICE

That the undersigned has (have) applied to the () Board of Adjustment () Planning Board of the of the Township of Fairfield to:

- (A) _____ To reverse the Zoning Official's decision based on the Township of Fairfield Zoning Ordinance.
- (B) _____ Hear and decide requests for interpretation of the zoning map or ordinance or for decision upon other special questions.
- (C) _____ To secure a variance to avoid other hardship without violating district use regulations.
- (D) _____ To secure a variance violating use regulations.

Statement of specific request:

The Address of the Property in Question is: _____ and is within 200 foot radius of your property. It is described as Lot (s) _____ in Block _____ as shown on the Tax Map of the Township of Fairfield. The said application will come up for a hearing before the Planning Board () Board of Adjustment () at a meeting to be held on _____ at _____ P.M. in the Municipal Building, 230 Fairfield Road, Fairfield, New Jersey. You may appear in person or by agent, or attorney and present any objections which you may have to granting of this request.

All documents relating to this application may be inspected by the public between the hours of 8:30 a.m. and 4:30 p.m. in the office of the Secretary of the Board in the Municipal Building at 230 Fairfield Road, Fairfield, New Jersey. This notice is sent to you by the applicant, by order of the Board of Adjustment () Planning Board ().

Dated _____

(Signed)

Township of Fairfield, N.J.

(Signed)

AFFIDAVIT

PROOF OF SERVICE OF NOTICES UPON PROPERTY OWNERS MUST BE FILED AT LEAST TEN DAYS PRIOR TO MEETING OR CASE WILL NOT BE HEARD

STATE OF NEW JERSEY:

SS:

COUNTY OF ESSEX:

_____ of full age, being duly sworn according to law, deposes and says, that he resides at _____ in the municipality of _____ County of _____ and State of _____ that _____ is the applicant in a proceeding before the () Board of Adjustment () Planning Board of the Township of Fairfield, N.J. for relief of the requirements under the Zoning Ordinance, and relates to premises _____: that on _____, 20 ____ he gave written notice to the hearing on this application to each and all of the owners of property affected by said application, according to the attached lists, and in the manner indicated thereon and has stated that purpose of the request is as follows:

 (Applicant)

Sworn and subscribed to before me

This _____ day of _____ 20____.

 Notary Public

ADVERTISEMENT

TOWNSHIP OF FAIRFIELD

PLEASE TAKE NOTICE that the undersigned has (have) applied to the Board of Adjustment () Planning Board () of the Township of Fairfield for the following variance:

The Address of the Property in Question is _____

and is described as Lot (s) _____ in Block _____ as

shown on the Tax Map of the Township of Fairfield. The application will come

Up for a hearing before the Board of Adjustment () Planning Board () at a Regular

Meeting to be held on _____, 20 _____, at _____ p.m.

In the Municipal Building, 230 Fairfield Road, Fairfield, Essex County, New Jersey.

All documents relating to this application may be inspected by the public between the hours of 8:30 a.m. and 4:30 p.m. in the office of the Secretary of the Board in the Municipal Building at 230 Fairfield Road, Fairfield, New Jersey.

Dated _____

Township of Fairfield, NJ


