

LAND USE

115 Attachment 6

Application No. _____

**Township of Alexandria
Application for Development**

Tract Information		
Block:	Lot:	
Tax Map Sheet:	Zoning District:	
Location of tract:		
Type of Application		
Subdivision:	<input type="checkbox"/> Sketch	<input type="checkbox"/> Preliminary Plat
	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
		<input type="checkbox"/> Final Plat
		<input type="checkbox"/> B-16 Rural Estate
Site Plan:	<input type="checkbox"/> Sketch	<input type="checkbox"/> Preliminary
	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
		<input type="checkbox"/> Final
Required Checklist Sections		
<input type="checkbox"/> Section A: All applications (except B-16)	<input type="checkbox"/> Section E: Preliminary / Final Site Plan	
<input type="checkbox"/> Section B: Minor Subdivision	<input type="checkbox"/> Section F: B-16 Minor Subdivision	
<input type="checkbox"/> Section C: Preliminary Major Subdivision	<input type="checkbox"/> Section G: B-16 Preliminary Major Subdivision	
<input type="checkbox"/> Section D: Final Major Subdivision	<input type="checkbox"/> Section H: B-16 Final Major Subdivision	
<p>In accordance with the Code of The Township of Alexandria, § 115-4, an Application for Development shall be comprised of “The application form and all accompanying documents required by ordinance for approval of a subdivision plat, site plan, planned development, conditional use, zoning variance or direction of the issuance of a permit pursuant to Section 25 (N.J.S.A. 40:55D-34) or Section 27 (N.J.S.A. 40:55D-36) of the Act.”</p>		
Applicant Information		
Name:		
Address:		
Phone:	Fax:	Email:
Owner Information (if other than Applicant)		
Name:		
Address:		
Phone:	Fax:	Email:

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Application No. _____

Township of Alexandria

Application for Development

Applicant's Professionals		
Architect:		
Address:		
Phone:	Fax:	Email:
Attorney:		
Address:		
Phone:	Fax:	Email:
Engineer:		
Address:		
Phone:	Fax:	Email:
Planner:		
Address:		
Phone:	Fax:	Email:
Surveyor:		
Address:		
Phone:	Fax:	Email:
Other:		
Address:		
Phone:	Fax:	Email:
Please provide a list of any other professionals that may appear on the Applicant's behalf.		

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Application No. _____

Township of Alexandria
Application for Development

Authorization of signature (if Applicant is a Corporation)		
This will certify that _____ of _____ _____ _____		
(Provide Corporation name and address.)		
who subscribed to the above Application for Development in the Township of Alexandria has been authorized by this Corporation to do the same.		
Attest: _____	_____	
Signature of Applicant/Owner		
I certify that the foregoing statements made by me are true. I am aware that if any of the representations made by me are willfully false, I am subject to punishment as prescribed by law.		
Sworn to and subscribed before me on this _____ day of _____ 20 _____	Signature of Applicant _____ Signature of Owner _____	
Notary Public _____		
By placement of my signature above, I state that I have read and agree to the following: I hereby grant permission to representatives of the Township of Alexandria to enter onto and inspect my property in connection with this Application for Development. All submissions and resubmissions pertaining to this Application for Development must be received and distributed by the Board Secretary. Direct submissions to the Board's professionals will not be reviewed.		
(Do not write below this line.)		
Date Application Received:	By:	
Amount of Application Fee:	Check No.:	
Action by Board:		
Classified:	<input type="checkbox"/> Minor Subdivision	Date:
	<input type="checkbox"/> Major Subdivision	Date:
Approved:	<input type="checkbox"/> Minor Subdivision	Date:
	<input type="checkbox"/> Preliminary Plat	Date:
	<input type="checkbox"/> Final Plat	Date:
	<input type="checkbox"/> Preliminary Site Plan	Date:
	<input type="checkbox"/> Final Site Plan	Date:

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Please print or type

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: Individual/Sole proprietor Corporation Partnership Other

Legal Address: number, street, and apt. or suite no. **Remittance Address:** if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

Phone # () Fax # () Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2. 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 2.
Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

□□□-□□-□□□□

OR

Employer identification number

□□-□□□□□□

DUNS

□□□□□□□□

Vendors:
Dunn and Bradstreet Universal Numbering System (DUNS)

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 Services (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 an U.S. person (including an U.S. resident alien).
- I am currently a Commonwealth of Massachusetts's state employee: (check one): No Yes If yes, in compliance with the State Ethics Commission requirements.

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.

Sign Here **Authorized Signature** **Date**

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement – The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one on-line at www.DNB.com under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.

LAND USE

115 Attachment 7

Township of Alexandria

Escrow Agreement

THIS AGREEMENT made this _____ day of _____, 200__ by _____, hereinafter referred to as "Applicant."

WHEREAS, Applicant is proceeding under the Land Use Ordinance 115-71, for: _____

WHEREAS, the Township of Alexandria hereinafter referred to as "Township" desires to establish an escrow account whereby work required to be performed by professionals employed by the Township Planning or Zoning Board hereinafter referred to as "Board," and the Township will be reimbursed by the Applicant as required under the provisions of this chapter cited above, and

WHEREAS, the Applicant agrees as follows:

1. PURPOSE.

The Applicant agrees to pay all reasonable professional fees and actual out-of-pocket expenses of such professionals incurred by the Board and/or Township for the performance of all duties necessary for the proper evaluation of the Applicant's presentation and application and to assist the Township and/or Board in arriving at a determination as to the merits of the application or other activities related to the development approval process as may be permitted under the Municipal Land Use Law, N.J.S.A. 40:55D-53.2 et seq., and any amendments thereto or any other applicable sections.

2. ESCROW ESTABLISHED.

Applicant, in accordance with the provisions of this Agreement and N.J.S.A. 40:55D-53.2 et seq., hereby agrees to the Township's creation of an escrow account to be established with the Chief Financial Officer of the Township of Alexandria. The escrow shall be handled by the Township's Chief Financial Officer as required by N.J.S.A. 40:55D-53.1.

3. ESCROW FUNDED.

Applicant, by execution of this Agreement, shall pay to the Township to be deposited with the Township's Chief Financial Officer such sums as are required by ordinance.

4. INCREASE IN ESCROW FUND.

If during the existence of this Escrow Agreement the funds held in escrow by the Township's Chief Financial Officer shall become insufficient to enable the Township and/or Board and their professionals to perform the necessary application reviews or

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inspections, the Applicant shall, within 15 days from the date of receipt of notice of insufficient funds from the Chief Financial Officer, deposit additional sums with the Chief Financial Officer as required pursuant to N.J.S.A. 40:55D-53.1(c). The written notice referred to in this paragraph shall be sent to the Applicant by regular mail at: _____;

or by telefax to telefax # : _____. In order for work on the development or application to continue, the Applicant must deposit the funds as required in the written notice. Any health and safety inspections required to be paid during a period in which insufficient funds remained in the escrow account shall be made and charged back against the replenishment of funds. If the person, place or telefax number of the Applicant changes for the purposes of giving notice, it shall be the Applicant's responsibility to inform the Township Clerk and the Chief Financial Officer of the change, in writing, immediately.

5. FAILURE TO FUND ESCROW.

The failure to make the initial deposit or failure to deposit additional escrow funds upon the notice of the Township's Chief Financial Officer shall be grounds for denial of the application or for voiding an approval if funds are depleted after the application has been granted and not replenished upon notice of the Township's Chief Financial Officer. Whether or not specifically so stated, the full payment of all escrow fees which become due shall be a condition of the approval of any application.

6. PAYMENT TO PROFESSIONALS.

Payment shall be made to the Professionals referred to in this Agreement, upon submission of vouchers to the Township with a copy to the Applicant at the address listed in Section 4 above, as required pursuant to N.J.S.A. 40:55D-53.2(c) - (f). At the request of the applicant, the finance officer shall provide the applicant with a statement of all escrow fees received, a list of amounts charged to the escrow account, and the amount of the current balance in the account. Whether or not specifically so stated, the full payment of all escrow fees which become due shall be a condition of the approval of any application.

7. APPLICANT'S OBJECTION.

Where the Applicant objects to the payment of any voucher from the escrow fund, the Applicant may file an objection and/or appeal pursuant to N.J.S.A. 40:55D-53.2a.

8. INTEREST ALLOCATIONS AND RETURN OF UNUSED ESCROW.

Money held in escrow pursuant to this Agreement shall earn interest as provided by N.J.S.A. 40:55D-53.1 and shall be retained by the Township or refunded to the Applicant as provided by N.J.S.A. 40:55D-53.1.

9. COLLECTION.

If the Township must institute legal action to enforce the terms of this Agreement against the Applicant, the Applicant shall be responsible for reasonable attorney fees and costs of suit.

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10. REFERENCES TO DAYS.

All references to days in this Agreement are to calendar days.

11. INCORPORATION BY REFERENCE

Applicant agrees that all municipal regulations and provisions of the Municipal Land Use Law, N.J.S.A. 40:55D et seq., are incorporated herein by reference.

12. SEVERABILITY.

If any portion of this Agreement is declared to be unconstitutional, invalid or inoperative, in whole or in part, by a court of competent jurisdiction, such portion shall, to the extent that it is not unconstitutional, invalid or inoperative, remain in full force and effect, and no such determination shall be deemed to invalidate the remaining portions of this Agreement.

IN WITNESS WHEREOF, the Applicant sets its hands and seals the date first written above.

Applicant

(Corporate acknowledgement is also required if the Applicant is a Corporation).

Notary Public

Application No. _____

**TOWNSHIP OF ALEXANDRIA
DEVELOPMENT REVIEW CHECKLIST**

Project Name: _____ Street Location: _____ Applicant: _____ Signature of Applicant: _____	Zoning District: _____ Block: _____ Lot: _____ Any checklist item for which a waiver is specifically being requested shall be accompanied by a narrative paragraph explaining why the applicant should be entitled to such waiver. The waiver may be approved for administrative purposes, but required prior to the approval of the application.
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INSTRUCTIONS: Complete All Applicable Sections:

- | | |
|--|--|
| <input type="checkbox"/> Section A: All applications (excluding B-16 Rural Estate Residence) | <input type="checkbox"/> Section E: Preliminary/Final Site Plan |
| <input type="checkbox"/> Section B: Minor Subdivision | <input type="checkbox"/> Section F: B-16 Minor Subdivision |
| <input type="checkbox"/> Section C: Preliminary Major Subdivision | <input type="checkbox"/> Section G: B-16 Preliminary Major Subdivision |
| <input type="checkbox"/> Section D: Final Major Subdivision | <input type="checkbox"/> Section H: B-16 Final Major |

	Applicant Portion			Township Portion	
	Complies	Not Applicable	Requested Waiver	Complies	Does Not Comply
Maps, Reports and Other Written Information Required for Complete Application					

SECTION A: ALL APPLICATIONS					
The following items and information must be provided for a complete application:					
A-1	Payment of application and escrow fees. (Application: \$ _____ Escrow: \$ _____)				
A-2	Three (3) copies of the completed application form.				
A-3	A certification from the Tax Collector that all taxes, and rollback taxes if applicable, upon the tract have been paid to date.				
A-4	A receipt indicating delivery of an application to the Hunterdon County Planning Board.				
A-5	The applicant's name, address, telephone, fax number and e-mail address for correspondence.				
A-6	The owner's name, address, telephone, fax number and e-mail address for correspondence.				
A-7	The name, address, telephone, fax number and e-mail address of applicant's attorney, if represented.				
A-8	The name, address, telephone, fax number and e-mail address of licensed preparer of the plan(s).				
A-9	A Financial Disclosure Statement, in accordance with N.J.S.A. 40:55D-48.1 and 40:55D-48.2, when applicant is a corporation or partnership.				

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Maps, Reports and Other Written Information Required for Complete Application		Applicant Portion			Township Portion	
		Complies	Not Applicable	Requested Waiver	Complies	Does Not Comply
A-10	Copies of any existing protective covenants or deed restrictions and a summary outline of proposed covenants or deed restrictions including applicable open space restrictions and provisions restricting further subdivision applying to the land.					
A-11	A written request for individual variances and all waivers.					
A-12	All plats shall comply with the "Map Filing Law."					
A-13	All plats, plans and maps shall be on one of the following standard size sheets as specified by the "Map Filing Law": 8 1/2" x 13", 30" x 42", 24" x 36", 11" x 17", 18" x 24" or 15" x 21"					
The plans must show or include the following for a complete application:						
A-14	The applicant's name, address, and telephone number.					
A-15	A signed certification on the drawing, by the owner, that the applicant is either the owner of the land which is the subject of the development application or is authorized by the owner to make the application.					
A-16	The name, address, telephone, fax number, signature and seal of licensed preparer of the plan(s).					
A-17	The street address of the property.					
A-18	The tax map sheet, block and lot number of tract.					
A-19	The name of the development, if any.					
A-20	The date of the original preparation and the date(s) of revisions, if any, on each sheet of the plans.					
A-21	The zoning classification of the site and of adjacent land; pertinent lot size, yard setback and other zoning requirements.					
A-22	Written and graphic scale(s) on each sheet of the plans, as applicable.					
A-23	A reference meridian on each sheet of the plans, as applicable.					
A-24	The name, and block and lot number of all property owners within two hundred (200) feet of the tract.					
A-25	The acreage of the tract, to the nearest one-hundredth of an acre.					
A-26	Bearings and distances on all existing property lines.					
A-27	The location of existing buildings and structures, and existing and proposed streets, roads, easements, utility services and driveways, public right-of-ways, streams, bridges, culverts, pipes, drainage ditches, and natural watercourses within the tract and within two hundred (200) feet thereof.					
A-28	Indicate and label all right-of-way lines.					
A-29	All setback lines.					
A-30	The location and description of all survey monumentation (concrete monuments, irons, spikes, etc.) found or set.					

LAND USE

Maps, Reports and Other Written Information Required for Complete Application	Applicant Portion			Township Portion	
	Complies	Not Applicable	Requested Waiver	Complies	Does Not Comply

A-31	The location and size of any existing or proposed utility easement, stream easement, sight easement, etc., which may affect title to the land.					
A-32	All streets and roads with correct names or route numbers.					
A-33	Signed and sealed certification by the licensee as to the accuracy of the details shown on the map.					
A-34	The delineation of floodway and flood hazard areas.					
A-35	The delineation of field identified wetlands where wetlands are identified on the property by the NJDEP Freshwater Wetlands Quarter Quadrangle Maps or by the NJDEP GIS mapping.					