

Block _____, Lot _____
Application Number: _____

APPLICATION

Alexandria Township Board of Adjustment

I. APPLICANT: _____

Mailing address: _____

City, State, Zip: _____

Telephone Number: Home _____

Work _____

Fax _____

NOTE: All corporations must be represented by legal counsel.

II. LEGAL COUNSEL, if applicable:

Name: _____

Address: _____

Telephone Number: _____

III. RECORD OWNER (if different than applicant)

Required affidavit granting permission to apply must be attached if record owner is other than applicant. Said affidavit is on page 4 of this application.

Name: _____

Address: _____

Telephone Number: _____

IV. EXPERT WITNESSES

Name, address, telephone number and professional license number(s) of persons other than applicant preparing plat or exhibits; might include professional engineer, licensed architect, land surveyor, professional planner, realtor, builder or other identified experts.

1. _____

2. _____

3. _____

V. IF APPLICANT IS A CORPORATION

State below the official name and address of the corporation filing as applicant. Required affidavit, attached to the application, must be completed, providing information about the corporation and its owners.

Name: _____

Address: _____

Telephone Number: _____

Block _____, Lot _____

VI. PROPERTY IDENTIFICATION: Block _____, Lot _____

Street location: _____
Zone: _____

VII. LOT SIZE Area _____ Frontage _____ Depth _____

VIII. USE OF PROPERTY

Current: _____

If current use is non-conforming, give date when use commenced: _____

Proposed: _____

IX. PREVIOUS APPLICATION

Has there been any previous application to this Board for these premises or this use?

No _____

Yes _____ If yes, give date: _____

If yes, state the nature of said application and disposition:

X. BUILDINGS ON PROPERTY

	Dimensions	Height	Front Setback	Right Side Setback	Rear Setback	Left Side Setback
<u>Existing</u>						
Residential	_____	_____	_____	_____	_____	_____
Accessory	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
<u>Proposed</u>						
Residential	_____	_____	_____	_____	_____	_____
Accessory	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

XI. APPLICATION BEFORE BOARD OF ADJUSTMENT - Check all that apply.

_____ Bulk variance: area, yard, and bulk variance(s), providing that a use variance is not required and application does not involve a subdivision, site plan, planned development, or conditional use.

_____ Use variance: use or structure variance in a zoning district restricted against such structure or use.

Block _____, Lot _____

____ Appeal: where applicant alleges an error in any order, requirement, decision, or refusal by an administrative officer of the Township, based on or made in the enforcement of the zoning ordinance. Appeals must be filed within 20 days from the date of said action.

____ Request for interpretation of zoning map or ordinance for a decision upon other special questions of the Zoning Ordinance and official map.

____ Building permit: for a building or structure in the bed of a mapped street, or public drainage way, flood control basin, or public area reserved pursuant to the official ordinance map and N.J. Statute 40:55D-32.

____ Building permit: for a building or structure with sub-standard street access pursuant to N.J. Statute 40:55D-35.

____ Driveway appeal: construction of a driveway not in accordance with the Driveway Ordinance.

____ Other: _____

XII. ORDINANCE SECTION

Identify the ordinance section for which relief is sought:

Article _____ Section _____

XIII. BUILDING INSPECTOR ACTION

If the Building Inspector has acted in regard to this matter, give the date and nature of the action which is being appealed.

____ If the Building Inspector has refused to grant a building permit, obtain a copy of the denial form by the Building Inspector.

____ If the Building Inspector has issued a violation in regard to this matter, submit a copy of that violation.

XIV. DEED RESTRICTIONS

Are there any existing or proposed covenants, deed restrictions or exemptions for this property? (Example: power company right-of-way)

____ Yes (attach copies)

____ No

XV. OTHER APPROVALS

Does this application require approval by any other municipal, county, state or federal agency?

____ No

____ Yes (list those agencies below, attach any appropriate approvals, data, submissions, actions, etc., to the application)

ALEXANDRIA TOWNSHIP BOARD OF ADJUSTMENT

REQUEST BY APPLICANT
FOR
CERTIFIED LISTING OF PROPERTY OWNERS

I, the undersigned, hereby request a certified listing of property owners within 200' (two hundred feet) of subject property, known as: Block _____ Lot _____ in order to apply to the Alexandria Township Board of Adjustment.

I understand that it is the responsibility of the applicant to give proper notification to the certified property owners and that proof of this notice shall be presented to the Board at the time the application is heard.

It is further understood that the applicant shall be entitled to rely on the information in this listing, and failure to give notice to any owner not on this list shall not invalidate any hearing or proceeding.

Fee for this certification is \$10.00 (ten dollars), payable to the "Township of Alexandria".

Signed: _____

Address: _____

Phone: _____

FOR OFFICIAL USE ONLY:

Date received: _____ Date returned: _____

Fee paid: _____ Received by: _____

ALEXANDRIA TOWNSHIP BOARD OF ADJUSTMENT

CERTIFICATION THAT MUNICIPAL TAXES ARE CURRENT

The applicant(s), _____
propose(s) to appear before the Board of Adjustment concerning the
property located on Block _____, Lot _____. At his/their request,
I have checked to see whether or not the taxes on this property are
paid through the current tax quarter. I hereby certify that the
taxes are, indeed, current, and that no money is due from the
applicant(s).

Alexandria Township
Tax Collector's Office

Dated: _____

The applicant must obtain this certification that taxes are
current as a part of the completed application.

SITE PLAN SUBMISSION
to Hunterdon County Planning Board

APPLICANT: _____

Applicant's mailing address: _____

SUBJECT PROPERTY: Block _____, Lot _____

Location (road): _____

I, _____
(name)

represent the Hunterdon Planning Board and verify that a site plan
and application were submitted by:

for property on _____,
Block _____, Lot _____.

Dated: _____ Signed: _____

This paper must be signed and returned with any application to
the Board of Adjustment of Alexandria Township concerning any
application involving a site plan on a county road. Said
application will not be complete unless this paper accompanies the
application.

NOTE: New Jersey Law requires that the applicant present satisfactory proof to the Board of Adjustment at the time of the hearing that the notices of the hearing have been duly served. Failure to duly serve all residents notices, and failure to fully and correctly complete the within Affidavit, will result in the dismissal of the application.

The applicant is advised to carefully read, and comply with, all statutory requirements regarding service of notice of the hearing.

Please attach any additional sheets as they are needed.

ALEXANDRIA TOWNSHIP BOARD OF ADJUSTMENT
CHECK LIST

Block _____, Lot _____

(applicant)

(address)

Date: _____

(city, state, zip)

(phone number)

TYPE OF APPLICATION	Fees, as per Article of the Zoning Ordinance
Bulk variance	\$350.00 (per variance)
Use variance	\$350.00
Escrow account, separate check	\$1,000.00/2,000.00
All others, not included above	\$
Escrow account, separate check	\$
Site plan fees	\$ plus _____ square foot

FOR ALL APPLICATIONS

Processing fee	\$50.00
Certified Listing of Property Owners	\$10.00

TOTAL
PAID

DATE
PAID

APPLICATION REQUIREMENTS, with filing of the application:

Item	Filed	Not filed
Completed application form- 16 copies	_____	_____
Zoning Officer denial form, if cited	_____	_____

Survey, or plot plan, 16 copies to include, but not be limited to, the following, unless waiver is granted by the Board of Adjustment:

- _____ Property and right-of-way lines, present/proposed.
- _____ Building distance, present/proposed.
- _____ Building dimensions, present/proposed.
- _____ Location of septic, present/proposed.
- _____ Location of well, present/proposed.
- _____ Location of all buildings, elevations, contours or other structures, present/proposed.

Tax payment verification

ALEXANDRIA TOWNSHIP BOARD OF ADJUSTMENT
HUNTERDON COUNTY, NEW JERSEY

BOARD OF ADJUSTMENT SCHEDULE OF FEES

USE VARIANCES AND BULK VARIANCES AND ALL OTHER APPLICATIONS

Established. The Board of Adjustment shall charge the following fees pursuant to the current Alexandria Township Land Use Code, Section 1104:

Front yard, side yard, rear yard setback and all "bulk" variances pertaining to a single family owner occupied residence - \$350.00 per variance

Applications for a "use" variance - \$350.00

Appeal from provisions of the Driveway Ordinance - \$250.00, plus court report cost as per §14.5(f)

All other applications not included above - \$350.00

Escrow Fees

Use variance - \$3,000.00, with signed agreement and separate check

All other applications to the Zoning Board of Adjustment as specified - \$1,000.00, with signed agreement and separate check.

Certified listing of property owners - \$10.00

There is a fee for a certified copy of the property owners within 200 feet of a subject property. This listing is necessary in order to serve notice of hearing date and the reason for the application, according to N.J.S.A. 40:55D-12.

Site plan fees - \$250.00, plus \$0.03 per square foot

Site plan fees are required if your application is for a change of use or in some way requires a site plan. These fees are in addition to the other application fees. If your application involves a site plan on a county road, a site plan must be submitted to the Hunterdon County Planning Board, subject to their fees. Said submission requires proof.

NOTE: All fees are set by ordinance to reflect actual costs to the Township.

Application deadlines

All applications must be received according to the Meeting Date Schedule attached to the application.

Application proceedings

By motion, second and unanimous vote, the Board has established the following policy: No new applications will be started after 10:30 p.m.; and no testimony will be given after 11:00 p.m.

DECISIONS, according to N.J.S.A. 40:55D-10:

"A copy of the decision shall be mailed by the municipal agency within 10 days of the date of decision to the applicant or, if represented, then to his attorney, without separate charge; and to all who request a copy of the decision for a reasonable fee."

Verifiable proof of site plan submission to
Hunterdon County Planning Board, if required

Building rendering in elevation

Photographs applicable to application (OPTIONAL)

FEES PAID

Consent of Owner of Property

List of Stockholders or Partners, if Applicable

APPLICATION REQUIREMENTS, not submitted with the application, but
required prior to the hearing of the
application

Proof of Service of Notice to Property Owners

Sample copy of Notice to Property Owners

Certified Mailing (and Return) Receipts

Affidavit/Proof of Service

Proof of Publication



ALEXANDRIA TOWNSHIP

Incorporated 1765

BOARD OF ADJUSTMENT

Michael Nolan
Chairman
Diane S. McDaniel
Secretary

EXAMPLE

Notice to Property Owner on Public Hearing

Please take notice that a public hearing will be held at 7:00 pm
on: _____ at a (regular or special) meeting of the Board of
Adjustment. The meeting will take place at the Alexandria Middle School, 557 County
Road 513, Pittstown, New Jersey.

The subject of the hearing will be (Name of applicant & file Number) with an
application for (indicate concept, site plan, subdivision (major/minor), variances,
conditional use, etc.) to permit the following:

(BRIEFLY DESCRIBE THE APPLICATION. IF A VARIANCE OR
CONDITIONAL USE IS INVOLVED SPECIFY THE AFFECTED SECTION
OF THE ORDINANCE.)

This plan is for the site known as Section (s) _____ Lot (s) _____ located
(provide location of the project). A copy of the plan and all supporting documents are on
file in the offices of the Alexandria Township Board Secretary, 782 Frenchtown Road,
Milford, New Jersey and are available for public inspection Monday through Friday 9:00
am - 5:00 pm.

Date of notice

Name of Applicant

Address of Applicant

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

ALEXANDRIA CODE

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.

LAND USE

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

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: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> 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		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

□□-□□□□□□

Vendors:
 Dunn and Bradstreet Universal Numbering System (DUNS)

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 ▶
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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.