

APPLICATION # \_\_\_\_\_  
DATE SUBMITTED \_\_\_\_\_ 19\_\_\_\_  
FEES \$ \_\_\_\_\_

**PLANNING BOARD  
BOROUGH OF PALISADES PARK  
275 Broad Avenue  
Palisades Park, New Jersey 07650**

**APPLICATION FOR SITE PLAN APPROVAL**

PLEASE SUBMIT 17 TYPEWRITTEN, SIGNED COPIES

CHECK WHERE APPROPRIATE

1. Application is hereby made for

- Preliminary Site Plan Approval
- Final Site Plan Approval
- Conditional Use Approval

as herein described, and for the following relief in connection with Site Plan Review:

- Variance from strict application of zoning ordinance pursuant to N.J.S.A. 40:55D-70(c);
- Other \_\_\_\_\_

2. Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. Present Owners of Land

Names \_\_\_\_\_

Addresses \_\_\_\_\_

4. Subject Property \_\_\_\_\_

Tax Assessment: Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Address \_\_\_\_\_ Zoning District \_\_\_\_\_

5. Dimensions:

Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Total Area \_\_\_\_\_

Zoning District \_\_\_\_\_

6. If applicant is a corporation, list names and addresses of the following officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

7. If applicant is a corporation, partnership or limited liability company, list names and addresses of all stockholders owning at least 10% of the outstanding stock of the corporation or all partners holding at least 10% interest in the partnership, or of all members holding at least 10% interest in the limited liability company.

_____	_____
_____	_____
_____	_____

8. Names, titles, addresses, and telephone number of all attorneys involved in this application on behalf of the Applicant.

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9. Names, titles, addresses, and telephone number of all surveyors involved in this application on behalf of the Applicant.

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10. Names, titles, addresses, and telephone number of all engineers involved in this application on behalf of the Applicant.

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11. Names, titles, addresses, and telephone number of all architects involved in this application on behalf of the Applicant.

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12. Names, titles, addresses, and telephone number of all planners involved in this application on behalf of the Applicant.

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13. Do any protective covenants or deed restriction exist? \_\_\_\_\_  
If so attach copy.

14. State proposed use: \_\_\_\_\_

Check one: permitted use ( ) conditional use ( )

Satisfaction of the requirements for conditional use approval should be demonstrated on the site plan.

15. State present use: \_\_\_\_\_

16. If applying for a variance, cite and briefly summarize the regulation from which relief is sought.

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17. Briefly describe the proposed variance and the reason why the Planning Board should grant the relief requested.

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18. If applying for a design waiver, cite and briefly summarize the design standard from which relief is sought.

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19. Briefly describe the proposed waiver of design standard and the reason why the Planning Board should grant the relief requested.

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20. Has there been any previous request for relief from the Planning Board or the Board of Adjustment involving these premises?

If so, date filed \_\_\_\_\_ Disposition \_\_\_\_\_

21. Are there any existing violations of the Zoning Ordinance?

If so, describe \_\_\_\_\_

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22. Set forth all other approvals which may be required from other governmental agencies.

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23. Certification from Tax Collector that all taxes due on the property have been paid.

24. It is the responsibility of the applicant to deliver copies of the application and all supporting documents to the Board secretary. The documentation must be received by the professional staff at least 15 business days prior to the meeting at which the application is to be considered, otherwise the application will be deemed incomplete.

CERTIFICATIONS

I certify that the foregoing statement in this Application and the materials, plans and documentation submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant or that I am a general partner of the partnership applicant or that I am the Manager of the limited liability company applicant (whichever is applicable) and that I am authorized to sign this Application on behalf of said entity. (If the applicant is a corporation, this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partnership. If the applicant is a limited liability company, this must be signed by a Manager.)

BY: \_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

PLEASE TAKE NOTE

PLEASE BE ADVISED THAT IF YOU ARE SUBMITTING AN APPLICATION TO THE BOARD, YOUR APPLICATION MUST BE COLATED INTO 17 COMPLETE PACKAGES.

PLEASE DO NOT LEAVE 17 UNCOLATED COPIES OF EACH DOCUMENT AND EXPECT THE BOARD TO COLATE IF FOR YOU.

YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS COLATED.

**Secretary of the Board**