



TOWNSHIP OF TOMS RIVER
DEPARTMENT OF ENGINEERING AND COMMUNITY DEVELOPMENT
DIVISION OF LAND USE REGULATION
UNIFIED LAND DEVELOPMENT APPLICATION

PLEASE PRINT OR TYPE:

1. APPLICANT

NAME:

ADDRESS:

PHONE:

FAX:

E-MAIL:

APPLICANT

2. OWNER (IF DIFFERENT FROM APPLICANT)

NAME:

ADDRESS:

PHONE:

FAX:

E-MAIL:

3. SUBJECT PROPERTY

STREET ADDRESS: _____

TAX MAP SHEET _____

TAX LOT _____ TAX BLOCK _____

APPROXIMATE SIZE _____ ACRES OR _____ SQ. FEET

ZONING DISTRICT _____

EXISTING USE OF PROPERTY: _____

COPY OF DEED ATTACHED? YES _____ NO _____

DEED RESTRICTIONS: YES _____ NO _____
(IF YES, PLEASE PROVIDE COPY)

_____ SQ. FEET

4. BRIEF DESCRIPTION OF APPLICATION:

5. REQUESTED APPROVAL (CHECK ALL THAT APPLY)

DEVELOPMENT PERMIT

SUBDIVISION CERTIFICATION

(N.J.S.A. 40:55D-56)

NON-CONFORMING USE CERTIFICATION

(N.J.S.A. 40:55D-68)

SUBDIVISION EXEMPTION CERTIFICATE

(N.J.S.A. 40:55D-7)

MINOR SUBDIVISION

PRELIMINARY MAJOR SUBDIVISION

FINAL MAJOR SUBDIVISION

CONDITIONALLY EXEMPT SITE PLAN

MINOR SITE PLAN

PRELIMINARY MAJOR SITE PLAN

FINAL MAJOR SITE PLAN

CONDITIONAL USE

SPECIAL REASONS VARIANCE FOR
COMMERCIAL USE, MULTI-FAMILY
USE OR RESIDENTIAL
SUBDIVISIONS

SPECIAL REASONS VARIANCE FOR
SINGLE OR TWO FAMILY RESIDENTIAL
USE

(N.J.S.A. 40:55D-70d)

SITE PLAN OR SUBDIVISION
ANCILLARY VARIANCE

(N.J.S.A. 40:55d-70c)

SINGLE UNDERSIZED RESIDENTIAL
LOT VARIANCE

SINGLE OR TWO FAMILY RESIDENTIAL
DETACHED GARAGE OR INGROUND
POOL VARIANCE

ALL OTHER SINGLE OR TWO FAMILY
RESIDENTIAL ACCESSORY STRUCTURES
(POOL, SHED, ETC,)

FENCE VARIANCE

SINGLE FAMILY ADDITION VARIANCE

APPEAL (N.J.S.A. 40:55D-70(A))

INTERPRETATION
(N.J.S.A. 40:55d-70(B))

EXTENSIONS OF PRIOR APPROVAL

INFORMAL MEETING

AMENDED RESOLUTION

SIGN VARIANCE

N.J.S.A. 40:55d-34/35 VARIANCE

ZONING CHANGE REQUEST

6. NUMBER OF PROPOSED LOTS

7. LIST ALL VARIANCES REQUIRED: (USE SEPARATE SHEET, IF
NECESSARY)

8. LIST ALL DESIGN WAIVERS REQUESTED:

9. ATTORNEY:

NAME:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL

10. ENGINEER:

NAME:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL

11. ARCHITECT:

NAME:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL

12. OTHER EXPERTS (USE ADDITIONAL SHEET IF NECESSARY)

NAME:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL

13. PUBLIC WATER LINE AVAILABLE? YES _____ NO _____

14. PUBLIC SANITARY SEWER AVAILABLE? YES _____ NO _____

15. DOES APPLICATION PROPOSE A WELL AND SEPTIC? YES _____ NO _____

16. DESCRIBE ANY OFF TRACT IMPROVEMENT REQUIRED OR PROPOSED:

17. LIST ALL REQUIRED OUTSIDE AGENCY APPROVALS AND STATUS OF

SAME:

18. LIST OF ALL MAPS, REPORTS AND OTHER MATERIALS SUBMITTED:

QUANTITY	DESCRIPTION OF ITEM	DATE OF ITEM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. APPLICANT'S CERTIFICATION:

I CERTIFY THAT THE FOREGOING STATEMENTS AND THE MATERIALS SUBMITTED ARE TRUE. I FURTHER CERTIFY THAT I AM THE INDIVIDUAL APPLICANT OR THAT I AM AN OFFICER OF THE CORPORATE APPLICANT AND THAT I AM AUTHORIZED TO SIGN THE APPLICATION FOR THE CORPORATION OR THAT I AM A GENERAL PARTNER OF THE PARTNERSHIP APPLICANT.

(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 PARTNER.)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20__

NOTARY PUBLIC

SIGNATURE OF APPLICANT

20. OWNER'S CERTIFICATION:

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION, THAT I HAVE AUTHORIZED THE APPLICANT TO MAKE THIS APPLICATION AND THAT I AGREE TO BE BOUND BY THE APPLICATION, THE REPRESENTATIONS MADE AND THE DECISION IN THE SAME MANNER AS IF I WERE THE APPLICANT.

(IF THE OWNER IS A CORPORATION THIS MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER. IF THE OWNER IS A PARTNERSHIP, THIS MUST BE SIGNED BY A GENERAL PARTNER.)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20__

NOTARY PUBLIC

SIGNATURE OF OWNER