

TOWNSHIP OF MEDFORD

LAND DEVELOPMENT APPLICATION

If you are not familiar with the Medford Township Ordinance requirements, please ask to see a member of the Planning staff prior to filling out this application.

A. BASIC INFORMATION

1. **A P P L I C A N T**

Name			
Street Address			
City	State	Zip Code	
Phone Cell:			
Home:	Listed/Unlisted		
Email address:			

2. **O W N E R**

Name			
Street Address			
City	State	Zip Code	
Phone Cell:			
Home:	Listed/Unlisted		
Email Address:			

3. If applicant is not the owner, set forth in detail the nature and source of the legal beneficial right by which you claim to submit this application.

4. TYPE OF APPLICATION: (check as many items as applicable)

Asterisk (*) applications require a public hearing with notice and legal advertisement.

- | | | |
|---|---|---|
| <input type="checkbox"/> Minor subdivision*
<input type="checkbox"/> Major Sub.-Prel.*
<input type="checkbox"/> Major Sub.-Final
<input type="checkbox"/> Exempt Subdivision
<input type="checkbox"/> Minor Site Plan*
<input type="checkbox"/> Major Site Plan-Prel.* | <input type="checkbox"/> Major Site Plan-Final
<input type="checkbox"/> Conditional Use*
<input type="checkbox"/> Historic Village Review
<input type="checkbox"/> Single Lot Review
<input type="checkbox"/> Appeal of Decision of an
Administrative Officer*
<input type="checkbox"/> Submission Waivers* | <input type="checkbox"/> Interpret Zoning Map or Ord.*
<input type="checkbox"/> Design Waiver*
<input type="checkbox"/> Bulk Variance*
<input type="checkbox"/> Use Variance*
<input type="checkbox"/> Informal Review
<input type="checkbox"/> Satellite Dish
<input type="checkbox"/> Waiver of Site Plan |
|---|---|---|

NOTE: If a variance is requested in conjunction with this application, the exact nature of the variance must be indicated on the application form - see No. 14.

5. LIST OF INDIVIDUALS WHO PREPARED PLANS:

A R C H I T E C T

Name			
Street Address			
City	State	Zip Code	
Phone			
Email			

P L A N N E R

Name			
Street Address			
City	State	Zip Code	
Phone			
Email			

E N G I N E E R

Name			
Street Address			
City	State	Zip Code	
Phone			
Email			

A T T O R N E Y

Name			
Street Address			
City	State	Zip Code	
Phone			
Email			

B. SITE INFORMATION

6. LOCATION OF PROPERTY

Street Address	
Block no.	Lot no.

B. Site Information continued

7. TYPE OF ROAD FRONTAGE: _____ Route 70 _____ Collector _____ Secondary Local Road
 _____ Arterial _____ Primary Local Road

8. ZONE DISTRICTS: (circle one)

GMN Growth Management Area North	RS-2 Rural Suburban-2	HC-1 Highway Commercial Zone-1	HVR Historic Village Residential
GMS Growth Management Area South	AR Agricultural Retention	HC-2 Highway Commercial Zone-2	VRD Village Residential Development
GD Growth District	FD Forest District	HM Highway Management	RHO Residential Home Occupation
RGD-1 Reserve Growth District-1	PD Preservation District	RC Restricted Commercial	APA Agricultural Production Area
RGD-2 Reserve Growth District-2	PPE Park/Public/Education	CC Community Commercial	SAPA Special Agricultural
RS-1 Rural Suburban-1	HVC Historic Village Commercial	PI Planned Industrial	Production Area

9. DESCRIPTION OF PROPOSED USE

Present Use: _____
 Proposed Use: _____
 Number of lots: _____

Lot Size	Frontage	Square Feet	Acres
Required	_____	_____	_____
Existing	_____	_____	_____
Proposed	_____	_____	_____

Primary Building Setback Requirements

	Wetlands/Buffer	Front	One Side	Second Side	Rear
Required	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Proposed	_____	_____	_____	_____	_____

Accessory Building Setback Requirements

	Wetlands/Buffer	Side	Rear	Distance to other bldgs.	No. of Parking Spaces and loading	Off street	Loading
Required	_____	_____	_____	_____	Required	_____	_____
Existing	_____	_____	_____	_____	Existing	_____	_____
Proposed	_____	_____	_____	_____	Proposed	_____	_____

Percentage of Building and Total Lot Coverage

	% Bldg. Cover	Gross Floor Area	% Lot Coverage	Gross Floor Area	Height
Allowed	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Proposed	_____	_____	_____	_____	_____

10. UTILITIES: Public Water

Yes	No		Well	Yes	No	
_____	_____	Will this proposal require new water supply?	_____	_____	_____	Is there an existing well?
_____	_____	Is there an existing municipal water connection?	_____	_____	_____	Can the existing well service this proposal?
_____	_____	Can an existing connection service this proposal?	_____	_____	_____	Is a new well proposed?
_____	_____	Are additional connections required?	_____	_____	_____	Has application been made?
_____	_____	Is the municipal water supply available?	_____	_____	_____	Has application been approved or denied?
_____	_____	Has application been made for municipal connections?	_____	_____	_____	Date _____
_____	_____	Has application been approved or denied?				
_____	_____	Date _____ No. on connections _____				

On Site Sewerage Treatment

Yes	No		Yes	No	
_____	_____	Will this proposal require new sewerage lines?	_____	_____	Is there an existing septic system?
_____	_____	Is there an existing Municipal sewer connection?	_____	_____	Can the existing system service this proposal?
_____	_____	Can the existing connection service this proposal?	_____	_____	Is a new system proposed?
_____	_____	Are additional sewer connections required?	_____	_____	Type: _____ conventional septic
_____	_____	Is sewer capacity available?	_____	_____	_____ alternative design
_____	_____	Has the application been made for municipal connection?	_____	_____	_____ Waterless toilet w/ gray water
_____	_____	Has the application been approved or denied?	_____	_____	_____ other-describe _____
_____	_____	Date _____ No. of connections _____	_____	_____	Has application been made for on site treatment?
			_____	_____	Has the application been approved or denied?
			_____	_____	Date _____

Gas	Natural Gas:	_____ Existing	Propane:	_____ Existing
		_____ Proposed		_____ Proposed
Electric		_____ Existing		_____ Above ground
		_____ Proposed		_____ Below ground

C. OTHER AGENCIES

11. OTHER APPROVAL REQUIRED AND DATE PLANS SUBMITTED:

	Yes	No	Month/Day/Year
1. New Jersey Dept. of Environmental Protection	_____	_____	_____
2. Burlington County Soil Conservation District	_____	_____	_____
3. Burlington County Planning Board	_____	_____	_____
4. NJ Department of Transportation	_____	_____	_____
5. Pinelands	_____	_____	_____
6. _____	_____	_____	_____

D. SUPPLEMENTAL ITEMS (COMPLETE AS NECESSARY)

12. PREVIOUS APPLICATIONS OR ACTIVITY:

_____ No _____ Yes If yes, indicate date: _____

Type of Action: _____

13. DEED RESTRICTIONS OR COVENANTS AFFECTING THIS APPLICATION:

_____ Yes (attached copy)
_____ No

14. ARGUMENTS FOR VARIANCE: (attach sheet if necessary)

15. WAIVERS OF DEVELOPMENT STANDARDS AND/OR SUBMISSION REQUIREMENTS: (attach sheet if necessary)

16. SITE PLAN CERTIFICATION OF COMPLETENESS FORM

I, _____ certify that this application is complete and the site plan contains all information required by the Medford Township Land Development Ordinance. It is understood this application will not be considered complete until it is finally reviewed and deemed complete by the Medford Township Planning Administrative Officer.

Signature of Applicant's

Engineer/Architect _____

Date _____

17. SUBDIVISION CERTIFICATE OF COMPLETENESS FORM

I, _____ certify that this application is complete and the subdivision contains all information required by the Medford Township Land Development Ordinance. It is understood that this application will not be considered complete until it is finally reviewed and deemed complete by the Medford Township Planning Administrative Officer.

Signature of Applicant's

Engineer/Architect _____

Date _____

ACCEPTANCE OF THIS APPLICATION DOES NOT WARRANT OR REPRESENT THAT SEWER AND WATER IS AVAILABLE IN MEDFORD TOWNSHIP AND THAT THE APPLICANT PROCEED AT ITS OWN RISK AS TO THE AVAILABILITY OF SEWER AND WATER.

E. CERTIFICATION AND SIGNATURE

18. AFFIDAVIT OF APPLICANT:

State of New Jersey

County of _____

_____ of full age, being duly sworn according to law, on oath deposes and says, that all of the above statements and the papers submitted herewith are true.

Sworn and subscribed to before me

this _____ day of _____, 20 _____

Applicant to Sign Here

Print or Type Name

19. AFFIDAVIT OF OWNERSHIP

State of New Jersey

County of _____

_____ of full age, being duly sworn according to law, on oath deposes and says, that the deponent resides at _____ in the _____ of _____ in the County of _____ and the State of _____ that, _____ is the owner of all that certain lot, piece of land situated, lying, and being in the municipality aforesaid, and known and designed as number _____.

Sworn and subscribed to before me

this _____ day of _____, 20 _____

Owner to Sign Here

Print or Type Name

20. AUTHORIZATION BY OWNER: (if anyone other than above owner is making this application, the following authorization must be executed)

To the Approving Board of the Township of Medford:

_____ is hereby authorized to make the within application.

Date: _____

Owner to Sign Here

Print or Type Name

CERTIFICATION

Date: _____

I, _____ an authorized representative of _____ which is a corporation, or partnership, applying to the Planning Board or Zoning Board of Adjustment of the Township of Medford for permission to subdivide a parcel of land into six (6) or more lots, applying for a variance to construct a multiple dwelling of twenty-five (25) or more family units, or for the approval of a site to be used for commercial purposes, do hereby disclose, pursuant to the requirements of NJSA 40:55D-48.1, the name and addresses of all stockholders or individual partners owning at least 10% of the stock of the corporation, or at least 10% of the interest in the partnership which are hereby listed as follows:

Name _____

Address _____

(If any of the above owners is a corporation or partnership, the applicant is required to disclose the names and address of each individual holding a 10% interest, or greater, in the named corporation or partnership which shall be divulged in the same format as the above pursuant to NJSA 40:55D-48.2)