

In the event that the Application is delayed in Hearing,
taxes must be paid to date and submissions received, 10 calendar days prior to Hearing.

**BLAIRSTOWN TOWNSHIP
LAND DEVELOPMENT APPLICATION**

<u>CHECK AS MANY AS APPLY:</u>		
<input type="checkbox"/> Pre-application/Concept. Plan	<input type="checkbox"/> Bulk Variance ()	Application No. _____
<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Use Variance ()	Date Received _____
<input type="checkbox"/> Minor Site Plan	<input type="checkbox"/> Conditional Use	Application Fee \$ _____
<input type="checkbox"/> General Development Plan	<input type="checkbox"/> Preliminary PURD	Escrow Fee \$ _____
<input type="checkbox"/> Major Subdivision/Preliminary	<input type="checkbox"/> Final PURD	Collected By _____
<input type="checkbox"/> Major Subdivision/Final	<input type="checkbox"/> Extension of Time	
<input type="checkbox"/> Major Site Plan/Preliminary	<input type="checkbox"/> Appeal of Administrative Officer	
<input type="checkbox"/> Major Site Plan/Final	<input type="checkbox"/> Interpretation	
_____	_____	

1. Applicant's Name _____ Phone _____
Address _____ Fax No. _____

Is Applicant a _____ Corporation _____ Partnership _____ Individual?
If Applicant is a corporation or partnership, set forth the names and addresses of all
stockholders or partners having a 10% interest or more
Name _____ Name _____
Address _____ Address _____

Attach sheet if necessary.

2. Owner's Name _____ Phone _____
Address _____

3. Attorney's Name _____ Phone _____
Firm & Address _____ Fax No. _____

NOTE. Corporation must be represented by a NJ attorney.

4. Name(s) and address of person(s) preparing plans:
Name _____ Profession _____
Address _____ Phone _____
_____ Fax No. _____
Name _____ Profession _____
Address _____ Phone _____
_____ Fax No. _____

Attach sheet if necessary.

5. Location of Property: Tax Map Block _____ Lot No(s) _____ Total Tract Area _____
Street Address _____

6. Number of Proposed Lots _____ Zone _____ Number of Dwelling Units _____

7. List any zoning variances. If none, state "none". If any are required, attached hereto as a separate rider the factual basis and legal theory for the relief sought. _____
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8. (a) Deed Restrictions that exist (If no restrictions, state "None" If "Yes", attach copy.) _____
- (b) Proposed Deed Restrictions _____
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9. Contemplated Form of Ownership:
 ___ Fee Simple ___ Condominium ___ Cooperative ___ Rental
10. Briefly describe any prior or currently pending proceedings before this Planning Board or Zoning Board or any other federal, state, or local board or agency involving the property which is the subject of this application *Attach sheet if necessary*
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11. List any other material accompanying this application (i.e., plans, drainage calculations, etc.). *Attach sheet if necessary*
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_____ Applicant's Signature _____ Date

CONSENT OF OWNER

I, the undersigned, being the owner of the lot or tract described in the foregoing application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. (If owned by a corporation, attach copy of resolution authorizing application and officer signature.)

Date _____

_____ Signature

_____ Print Name(s)

Sworn and Subscribed to before me this _____ day of _____, 20____
