

Application #: _____

Date Filed: _____

Application Name: _____

Fee Paid: _____

COLTS NECK TOWNSHIP
Monmouth County, New Jersey
VARIANCE APPLICATION

1. I, _____, the applicant herein, whose post office address is _____ am the _____

_____ (owner, lessee, prospective buyer, etc.)

of property located at or on _____ and designated as

Block _____, Lot(s) _____ on the Tax Map of Colts Neck Township.

Phone #: _____ Email: _____

2. Said property is in a _____ Zone, is _____ (give dimensions and area)

and has the following structures _____

_____ (indicate type of structure and use thereof)

3. Request is hereby made for permission to _____

4. The proposed building or use thereof is contrary to Article# _____
Section _____ of the Zoning Ordinance _____ of
Colts Neck Township in the following particulars:

5. The conditions obtaining and the reasons for this request are as follows:

6. The names, addresses, lot and block numbers as they appear on the latest Tax Duplicate and Tax Map of the Colts Neck Township, and of adjoining municipalities, of all owners of property within 200feet of the boundaries of the property affected by this application are:

<u>NAME</u>	<u>ADDRESS</u>	<u>BLOCK</u>	<u>LOT</u>
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7. Does applicant propose to use the entire tract of land? _____
8. Has the property been separated from a larger tract of land? _____ If so, when? _____
Has the Planning Board approved the subdivision? _____ When? _____
9. Has there been any previous appeal involving these premises? _____ If so, state date of filing: _____ Character of appeal: _____
Disposition of same: _____
10. By filing a second application, do applicant and owner, if other than applicant, waive any and all rights gained in the first application? _____
11. Attached hereto and made a part hereof are the following:
 - a. Three sets of drawings, drawn to scale, and containing all necessary measurements and all features involved in this application and PDF of same
 - b. Duplicate plot plans, drawn to scale, showing dimensions and area of property in question and all properties within 200 feet of the boundaries of said property and PDF of same
 - c. Check in the sum of \$_____ in payment of the filing fee. Make checks payable to Colts Neck Township.

I, the undersigned, being duly sworn according to law upon my oath do depose and say that all of the statements contained herein are based on my own knowledge and are true and correct.

Date

Signature of Applicant

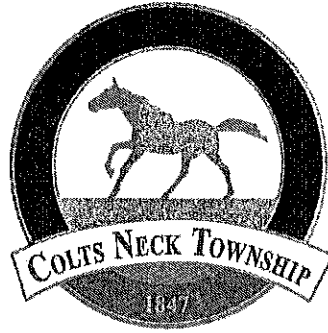
Sworn to and subscribe before me this
_____ Day of _____, 20____

If the applicant is not the owner of property herein, owner must sign the following consent:

The foregoing application is hereby consented to this _____ day of _____ 20____

Signature of Owner

Address of Owner



DEVELOPER'S ESCROW AGREEMENT

PLEASE READ THE FOLLOWING INFORMATION AND SUBMIT A SIGNED ORIGINAL ACKNOWLEDGING YOUR CONSENT, AS PART OF YOUR APPLICATION.

Article 4 Section 411

"Escrow Account Deposits" are minimums required, promulgated on the basis of the applicant submitting a complete application and plans. The applicant shall be responsible and pay the Township of Colts Neck upon notification, for any additional costs for professional services involved with the review, reports, expert advice or testimony, or other information required in the process of an application before a municipal agency.

The "Escrow Account Deposits" are required to pay the costs of professional services including engineering, planning, legal and other expenses connected with the review of submitted materials, including any traffic engineering review of the submitted materials, or any special analysis related to the Planning Board or Zoning Board of Adjustment's review of the submitted materials, or any necessary studies regarding "off tract" improvements. An applicant is responsible to reimburse the Township of Colts Neck for all expenses of professional personnel incurred and paid by the Township for the review process of an application for development and/or appeal before a municipal agency, such as, but not limited to:

1. Charges for reviews by professional consultants and/or professional personnel of applications, plans and accompanying documents;
2. Issuance of reports by professional consultants and/or professional personnel to the municipal agency setting forth recommendations resulting from the review of any documents submitted by the applicant;
3. Charges for any telephone conference or meeting requested or initiated by the applicant, his attorney or any of his experts or representatives;
4. Review of additional documents submitted by the applicant and issuance of reports relating thereto;
5. Review of proposed or prior easements, developers agreements, deeds, resolutions or the like;

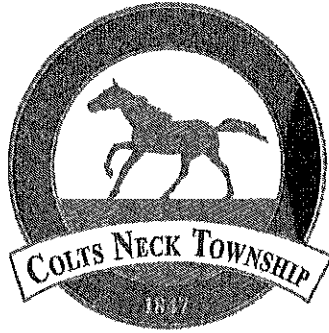
6. Preparation for and attendance at all meetings by Professionals such as Planning Consultant, Traffic Engineer or other experts as required; and
7. The cost of expert advice or testimony obtained by the municipal agency for the purpose of corroborating testimony of applicant's experts.
8. The use of a court reporter or transcriber is at the discretion of the applicant. The applicant bears the responsibility of retaining a court reporter or transcriber if the applicant deems such services to be necessary. If a transcript of any proceedings made, the applicant shall provide a copy of the same to the Township free of charge.

CERTIFICATION

The Undersigned, the Developer/Applicant and Owner understand that a sum, to be determined by the Administrative Officer, will be deposited in an Escrow Account, in accordance with the Ordinances of the Township of Colts Neck. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and/or other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen days. I, the Developer/Applicant, as signed below, acknowledge familiarity with the procedures set forth in the Colts Neck Township Land Use Code for submittals and required action and agree to be bound by it.

The Applicant and Owner agree that if no payment is made within thirty (30) days of receipt of the request for same, the Township may bring a legal action against the Applicant and Owner for the collection of same. The Applicant and Owner will be responsible for all of the Township's fees including legal fees at the regular hourly rate charged by the Township's Attorney and costs in connection therewith in addition to all pre-judgment and post-judgment interest. Any legal action commenced by the Township shall be in addition to, and not an alternative to, any other rights or remedies Colts Neck may have under this escrow agreement, the ordinances of the Township or the laws of the State of New Jersey.

The Owner hereby agrees that if and in the event the amounts required under this agreement are not paid, same shall be deemed to be a lien on the above described property and shall be collectible as in the case of taxes by the adoption of a resolution of the Township Governing Body upon receipt of a certification that the amounts are due and owing in contravention of this agreement.



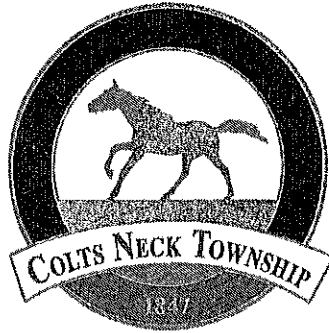
STATEMENT OF LANDOWNER CONSENT WHERE APPLICANT IS NOT LANDOWNER

I, _____, the owner of Block (s) _____,
Lot (s) _____, commonly known as _____ in
the Township of Colts Neck, Monmouth County, New Jersey hereby acknowledge that the application
of _____ for development of said property is made with my
complete understanding and permission in accordance with an agreement of purchase or option
agreement entered into between me and the applicant stated herein:

Property Owner's Signature

Print Name

Date



DISCLOSURE STATEMENT

Application #: _____ Applicant: _____

Date: _____ Block: _____ Lot: _____

Signature of person preparing Disclosure Statement: _____

Pursuant to N.J.S.A. 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S.A. 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the no-corporate stockholders and partners, exceeding the 10% ownership criterion have been disclosed. (Attach pages as necessary to fully comply)

Name: _____

Address: _____

Interest: _____

Name: _____

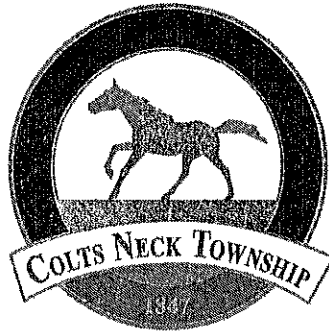
Address: _____

Interest: _____

Name: _____

Address: _____

Interest: _____



HOLD HARMLESS

Date: _____

Gentlemen:

The undersigned will at all times hold harmless the Township of Colts Neck and its Officers and its Engineer from any loss due to damage resulting from the grading, drainage, or development of the lands designed as Block _____, Lot _____ on the Tax Map of Colts Neck Township commonly known as _____, Colts Neck, New Jersey, sustained or incurred by reason or in consequence of development and site improvements in accordance or conditionally approved as the same appears on file in the office of the Planning Board of the Township of Colts Neck, Application No. _____.

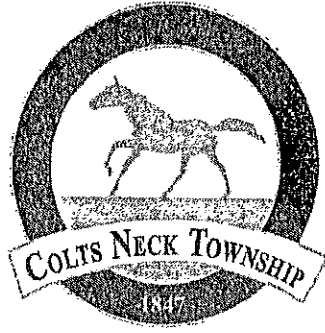
The assurances herein contained are intended to fully comply with the requirements of Section 102-36A.2 of the Colts Neck Development Regulations Ordinance.

WITNESS our hand and seal this _____ day of _____, 20__.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20__

Notary



TAX COLLECTOR'S CERTIFICATION

APPLICATION NUMBER _____ DATE _____

APPLICANT NAME _____ RECEIVED BY _____

DATE RECEIVED _____

I, John D. Antonides, Tax Collector for Colts Neck Township do hereby certify and affirm that no taxes or special charges are due or delinquent on Block _____ and Lot _____ as shown on the Tax Map of Colts Neck Township.

Taxes paid through _____ Quarter, _____ Year on _____.

John D. Antonides, CTC

Applicant Signature

TOWNSHIP OF COLTS NECK
124 CEDAR DRIVE, COLTS NECK, NJ 07722
TEL (732) 4625470; FAX (732) 431-3173

ARCHITECTURAL REVIEW COMMITTEE

Application No.: _____

Applicant's Name: _____

Project Street Address: _____

Project: Block No: _____ Lot No: _____

Project Zone: _____ Lot Size: _____

Project Summary: _____

Date Reviewed: _____

PROJECT'S EXTERIOR MATERIALS - COMMITTEE'S CRITIQUE TO FOLLOW

Roof: Material _____ Color _____

Siding: _____

Front Elev: Material _____ Color _____

Right Side Elev: Material _____ Color _____

Left Side Elev: Material _____ Color _____

Rear Elev: Material _____ Color _____

Exposed Found'n: Material _____ Color _____

Exposed Chimney: Material _____ Color _____

Windows: Material _____ Color _____

Terrace/Deck: Material _____ Color _____

Other Exterior Elements And Their Colors:

Application # ZB _____

**TOWNSHIP OF COLTS NECK
MONMOUTH COUNTY
NEW JERSEY**

NOTICE

TO: _____

PLEASE TAKE NOTICE that the undersigned has appealed to the Board of Adjustment of the Township of Colts Neck for a variance from the provisions of Section _____ of the Zoning Ordinance so as to permit:

on premises located at _____
known as Block _____, Lot (s) _____ on the Tax Map, which is within 200 feet of property owned by you. This appeal is now on the Secretary's Calendar and a public hearing has been ordered for Thursday evening _____ at 7:00 p.m. prevailing time, in Town Hall, 1 Veterans Way, Colts Neck, New Jersey at which time you may appear in person, by agent or attorney and present any objection which you may have to the granting of this appeal. The Applicant reserves the right to amend this application at the time of hearing to include any and all other variances, waivers or other relief which may be deemed necessary or appropriate by the Board of Adjustment. All plans, maps and papers regarding this appeal are on file in the Planning Department and are available for inspection during normal business hours.

This notice is served upon you by order of the Board of Adjustment.

Respectfully,

Applicant

Date

Application No.: _____

FORM #3

BOARD OF ADJUSTMENT
ZONING ORDINANCE
TOWNSHIP OF COLTS NECK
MONMOUTH COUNTY
NEW JERSEY

In the Matter of the Application
of _____

) Proof of Service
)

STATE OF NEW JERSEY
COUNTY OF MONMOUTH) SS.

I, _____, being duly sworn on my
oath, depose and say: that I am the applicant, owner agent of
applicant _____

(Strike out inapplicable word)

that at the date hereinafter stated I served a notice of which
the annexed is a true copy, upon the following property owners
each of whose property is within two hundred feet of the property
of appellant to be affected in this matter, in the manner
following, that is to say:

- (a) Personally, by handing such true copy to said property owners as follows:
- (b) By leaving such true copy with the owner's agent in charge of the property, as follows:
- (c) By mailing, by certified mail, such true copy to the last known address of the property owners as shown by the most recent tax list of said Township, as follows:

(Please complete attached list)

METHOD OF
SERVICE
A, B. OR C

NAME

ADDRESS

DATE
OF
SERVICE

CERTIFICATION

I HEREBY CERTIFY that the foregoing statements made by me are true. I am aware that if any such statements made by me are willfully false, I am subject to punishment.

Deponent

Subscribed and sworn to before me this

_____ day of _____ 20 _____

Appellant

CHECKLIST NO. 6
TOWNSHIP OF COLTS NECK
VARIANCE APPLICATION

Application No.: _____ Date Received
By Board: _____

Project Name: _____

Applicant's Name: _____

Block (s): _____ Lot(s): _____

Latest Issue Date of Plat Cover Sheet: _____

NOTICE

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ADMINISTRATIVE OFFICER WITH THE VARIANCE APPLICATION WHEN FILED. FAILURE TO INCLUDE ALL ITEMS REQUIRED ON SUBMITTED PLANS OR ATTACHMENTS MAY RESULT IN THE APPLICATION BEING CONSIDERED INCOMPLETE FROM A SUBMISSION STANDPOINT AND CERTIFICATION AS A COMPLETE APPLICATION DENIED. TO BE CONSIDERED AT A REGULAR BOARD MEETING, ALL INFORMATION AND DOCUMENTS MUST BE RECEIVED BY THE BOARD A MINIMUM OF TEN (10) DAYS PRIOR TO THE MEETING.

FOR BOARD
USE ONLY

TO BE CHECKED
BY APPLICANT

- | | | <u>Yes</u> | <u>No</u> |
|--------|--|------------|-----------|
| () 1. | For application under Section 102-8H1 (**), three copies of application and checklist and all required and submitted documents and prints plus required fee. | ___ | ___ |
| () 2. | For application under Section 102-8H2, four copies of completed application and checklist and all required and submitted documents and completed prints plus required fee. | ___ | ___ |
| () 3. | For application under Section 102-8F, four copies of variance application plus checklist, fees, number of copies of all documents required by this ordinance for the type of application(s) involved.
(See Sections 102-38 or 102-39) | ___ | ___ |

- () 4. One copy of information and documents required in Section 102-24, Public Hearing Notice and Proof of Service must be provided at or prior to the Public Hearing. _____
- () 5. Certification that all Real Estate taxes are paid to date (obtain from Tax Collector). _____
- () 6. Three copies of identification of information missing and reasons for not providing required information at this time. _____

* On a separate page list all items not provided, with appropriate ordinance reference, example: 102-71A or 102-93B1(6) and reasons for not providing required information at this time and when it will be provided.

** Reference in Colts Neck Township Development Regulations Ordinance.



CERTIFICATION BY APPLICANT AND PERSON
COMPLETING THIS FORM (Both must sign)

I (We) believe the above information is accurate, I (we) understand that "certification of the application as complete" determines the commencing of the applicable time period for action by the approving authority and understand that certification of the application for time period purposes does not mean that all applicable ordinance requirements have been met or that all required information, data and/or documents required for approval of the application have been received or that any waivers have been granted.

Signed: _____
Applicant

Date: _____

Person preparing this check list

Date: _____