

LAKWOOD TOWNSHIP

ZONING BOARD OF ADJUSTMENT APPLICATION

TO BE COMPLETED BY STAFF ONLY:

DATE FILED _____ APPLICATION NUMBER _____

TO BE COMPLETED BY APPLICANT:

1. APPLICANT'S NAME: _____
ADDRESS: _____
PHONE # () _____ CELL# () _____ FAX # () _____
TAX IDENTIFICATION NUMBER _____
FEDERAL TAX EXEMPTION NUMBER _____

2. OWNER'S NAME _____
ADDRESS _____
PHONE # () _____ CELL # () _____ FAX # () _____

3. APPLICANT'S ATTORNEY _____
ADDRESS _____
PHONE # () _____ CELL # () _____ FAX # () _____

4. APPLICANT'S ENGINEER _____
ADDRESS _____
PHONE # () _____ CELL # () _____ FAX # () _____

5. PREMISES AFFECTED ARE: _____ LOT _____ ZONE _____

SUBDIVISION NUMBER OF LOTS REQUESTED _____

SITE PLAN REQUESTED YES _____ NO _____

HAS A PREVIOUS APPLICATION BEEN FILED _____ APPEAL# _____

VARIANCE FROM THE PROVISION OF CHAPTER 18 SECTION _____ OF THE LAKWOOD
TOWNSHIP UNIFIED DEVELOPMENT ORDINANCE.

SETBACK VARIANCES:
FRONT SETBACK PROPOSED: _____ REQUIRED: _____
SIDEYARD SETBACK PROPOSED: _____ REQUIRED: _____
REARYARD SETBACK PROPOSED: _____ REQUIRED: _____
LOT AREA: _____ LOT FRONTAGE: _____

PARKING VARIANCES:
AMOUNT OF SPACES PROPOSED: _____ REQUIRED: _____

BRIEF NARRATIVE OF PROPOSED:

6. NAME & LOCATION OF DEVELOPMENT: _____

7. PRESENT USE: _____

8. PROPOSED USE: _____

9. LOT AREA: _____

10. AREA IN ACRES OF ANY ADDITIONAL ADJOINING LAND OWNED BY OWNER OR APPLICANT: _____

11. ATTACH A COPY OF ANY DEED RESTRICTIONS OR CONVENANTS THAT APPLY

SIGNATURE OF APPLICANT: _____

APPLICANT OR AUTHORIZED AGENT MUST BE PRESENT AT REGULAR MEETING AT WHICH ACTION IS TAKEN. IF A CORPORATION, APPLICANT MUST BE REPRESENTED BY AN ATTORNEY.

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY

COUNTY OF _____ ss.

_____ of full age, being duly sworn according to law, deposed and says that he/she resides at _____ in the municipality of _____ County of _____ and State of _____; that _____ is the owner in fee of all that certain lot, piece or parcel of land situated, lying, and being in the municipality aforesaid, and known and designated as block/lot _____

(Applicant to sign here)

Sworn/affirmed to me, this _____
Day of _____, 20____

A Notary Public of New Jersey

AUTHORIZATION

(If anyone other than above owner is making this application, the following must be executed).

TO THE BOARD OF ADJUSTMENT:

_____ is hereby authorized to make the within application.

Dated: _____ 20____
(Owner to sign here)