Applicant Name (Last, First)	:
11 (1131)	•



## City of Salem

## Land Use Checklist

Schedule A - General Requirements

The following requirements are applicable for all submissions to either the Planning Board or Zoning Board of Adjustment:

Please indicate options below: X = Item included in package

W = Request for waiver of an item

N/A = Item not applicable

Please Check		<u>Verification</u> Official Use Only
	1. Fifteen (15) copies of the appropriate application form(s), completely filled in and signed by the Applicant. If any item is not applicable to the Applicant, it should so be indicated on the application form(s).	Simelar Ost Only
	2. Certificate indicating that taxes are paid.	
	3. Receipt indicating that fees are paid.	
-	4. Fifteen (15) copies of any required plot plan, site plan, or subdivision plan.	
	5. Affidavit of ownership. If Applicant is not the owner, Applicant's interest in land; e.g., tenant, contract/purchaser, lienholder, etc., and a copy of the document creating that interest. (Prices may be deleted.)	
	6. If a corporation or partnership, list names and addresses of all stockholders or individual partners owning at least ten percent (10%) of its stock of any class as required by N.J.S.A. 40:55D-48.1 et seq.	
	7. Names and addresses of witnesses and their expertise, if any.	W
	8. Statement as to any application requirements for which waiver is sought, together with a statement of reasons why should be granted.	
	9. A list of all other requirements or standards of Chapter 130, Land Use, that are not met by the application and for which a waiver or variance is sought.	**************************************

<u> *Verification Official Use Only – (Please Sig</u>
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Checklist Verified By:	
Checklist Verified By: Date	



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Applicant Name (Last, First):	
Present talle (Last, 1.118t).	
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## City of Salem Planning/Zoning Board Application

Application to the City of Salem P	lannir	ng/Zoning Board	s ma	de for the following (check as many as apply):
☐ Appeal to City Council		Zoning Permit		Any required use or signed permit
☐ Site Plan/Final		Site Plan/Prelin	. [	Major Subdivision/Prelim
☐ Minor Subdivision		Interpretation		Conditional Use
☐ Informal Review		Use Variance		Bulk Variance
☐ Major Subdivision/Final		Site Plan Revie	v 🗆	Appeal from Zoning Officers decision
☐ Resubmission or revision				
Fifteen (15) copies of applic	ation ior to	and ALL sup date of hearin	orti g for	ng materials must be filed ten (10) days completeness.
Date Filed:				(mm/dd/year)
1. Applicant Information:				
Applicant Full Name:				
(Please Print)	·			
Applicant Address:				
(City/State	z/Zip)		·	
Telephone:	·			
Is Applicant (please check that	t may	apply): $\square$ Inc	lividı	ual
		□ Со	rpora	tion (provide list of stockholders)
Applicant's interest in property				hip (provide list of partners)

City of Salem | Office of the Planning/Zoning Board | 17 New Market Street – Annex Building | 1 New Market Street – Municipal Building (meetings held) | Salem, NJ 08079 | 856-935-5510 x209

$A_{i}$	pplicant Name (Last, First):
*If applicant is a cor	poration, provide the name and addresses of the President, Vice and Treasurer and attach to application.
	an present owner of property in question, please provide present owner
(Name and address of present	owner)
2. Attorney Information	on: NOTE: Corporate applicant must be represented by NJ attorney
Attorney's Name:	(Please Print)
<b></b>	(Please Print)
Firm and Address:	
·	
· (	City/State/Zip)
Telephone:	
3. Architect/Engineer:	
Name:	
The state of the s	Please Print)
Firm and Address:	
_	
(0	City/State/Zip)
Telephone:	
2. Property Location	
BlockLotZoi	ne Address:
	ion submitted for the proposed development? If yes, date
Description of Contemp	lated Development:
Description of Drainage	Requirement:
*	,
nulti-family) and total n	luding total number of lots, dwelling type (single, attached, two family, umber of dwelling units:

If variance is sought, describe of	change in lot area, setback requirement or yard requiremen
3. Signature of Tax Office Rep	resentation stating that no local taxes/assessments are di
3. Signature of Tax Office Rep	
	Date:
	Date:

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