

# Township of Ocean

Monmouth County

399 Monmouth Road  
Oakhurst NJ 07755-1589

Marianne Wilensky  
Director of  
Community Development



Department of  
Community Development  
732-531-5000 X 3350  
FAX 732-531-7696

## Board of Adjustment Variance Application

### Check List

THE APPLICATION: **In order to file a variance application please return the following:**

**FOUR COPIES** plus the **ORIGINAL** of the **TWO PAGE APPLICATION**.

**FIVE COPIES** of the **PLOT PLAN** or **SURVEY** of your property with the improvement drawn in and marked. Please indicate the distance between any improvement and the property lines. Please indicate the height of fences and decks. Deck height must be measured from the ground to the walking surface.

**FIVE COPIES** of the **PROPOSED ELEVATIONS** or any improvement. This sketch may be drawn by the applicant, but must give an indication of how the finished structure will look (e.g. how it will fit in with the existing house in terms of architecture, roof lines, etc.).

Rolled plans are not acceptable. **All Plans Must Be Folded.**

**ONE COPY** of the Request for a Certified List.

**A CHECK** in the amount of **\$210.00** made payable to the Township of Ocean.

**SCHEDULING FOR A HEARING DATE:** You will be scheduled for a hearing before the Board of Adjustment in the order in which your application is received. As the Board meets once a month, generally it takes approximately four months between the time an application is filed and the date when it is heard. In the interim, we will be sending your comments from the Township Professionals who have reviewed your request. If your request is approved, it will take approximately six (6) additional weeks after the hearing before a building permit can be obtained.

**THE PUBLIC HEARING:** For the hearing itself, you will be required to notify all property owners within 200 feet of your property and to publish a notice in the Asbury park Press. We will advise you of the specific procedure for your public notice when a hearing date is set.

Additionally, to help the Board in the consideration of your application, it is useful if you can bring to the hearing any or all of the following:

1. Photographs of your property;
2. Photographs of any similar improvements within your neighborhood if they exist;
3. Evidence to refute any of the comments from the Township professionals that you cannot comply with. This evidence can be in the form of floor plans, photographs, etc.

Finally, make sure that your request is exactly what you wish to construct. The resolution of approval, if granted, will require construction in conformance with the plan submitted. Deviations may require you to appear before the Board again for a new hearing.

Once you are scheduled for a hearing date you must meet the following requirements:

1. **REVISED PLANS** (if necessary) **MUST** be submitted to the Office of Planning **TEN (10) DAYS PRIOR** to your scheduled hearing date. You cannot bring revised plans to the meeting with you. If you do not comply, **YOUR APPLICATION WILL NOT BE HEARD.**

2. The **AFFIDAVIT OF PUBLICATION** (the original, which will be mailed to you by the Press), the **GREEN CARDS** from the **NOTIFICATION** of your neighbors on the Certified List, and the white mailing slips that were your receipts for mailing the certified letters, **MUST** be in our office **THREE (3) DAYS** prior to your hearing date.

**Planning Board**

**Township of Ocean**

**Board of Adjustment**

\*\*\* Office Use Only \*\*\*  
 Building Department \_\_\_\_\_  
 Crime Prevention \_\_\_\_\_  
 Board Engineer \_\_\_\_\_  
 Environmental Commission \_\_\_\_\_  
 Traffic Safety \_\_\_\_\_  
 Fire Marshal \_\_\_\_\_  
 Township Planner \_\_\_\_\_  
 Public Works Department \_\_\_\_\_  
 Tax Assessor \_\_\_\_\_  
 Code Enforcement \_\_\_\_\_  
 Deal Lake Commission \_\_\_\_\_  
 Please review and return to my office by:  
 \_\_\_\_\_  
 Marianne Wilensky

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's name/address if other than applicant:  
 \_\_\_\_\_  
 \_\_\_\_\_

Licensed Professional Engineer and/or  
 Land Surveyor preparing the sketch Plat:  
 \_\_\_\_\_

Attorney \_\_\_\_\_  
 Representing \_\_\_\_\_  
 Applicant: \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Atty Email: \_\_\_\_\_

If other than occupant,

**PLEASE PRINT NAME OF CONTACT PERSON**

Contact  
 Telephone: \_\_\_\_\_

**ZONING VARIANCE Hardship:** Addendum #1 \_\_\_\_\_ **Use:** Addendum #1 \_\_\_\_\_

**CONDITONAL USE** Addendum #2 \_\_\_\_\_

**SITE PLAN**

**SUBDIVISION**

Preliminary Addendum #3 \_\_\_\_\_  
 Final Addendum #3 \_\_\_\_\_  
 Minor Addendum #3 \_\_\_\_\_  
 Amended Addendum #3 \_\_\_\_\_  
 Extension Addendum #3 \_\_\_\_\_

Minor Addendum #4 \_\_\_\_\_  
 Preliminary Addendum #4 \_\_\_\_\_  
 Final Addendum #4 \_\_\_\_\_  
 Amended Addendum #4 \_\_\_\_\_  
 Extension Addendum #4 \_\_\_\_\_

**CERTIFICATION OF USE** \_\_\_\_\_

**CONCEPTUAL REVIEW** Addendum #4 \_\_\_\_\_

**MINOR SITE PLAN SUBCOMMITTEE REVIEW** Addendum #3 \_\_\_\_\_ Addendum #5 \_\_\_\_\_

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Address of Property \_\_\_\_\_

Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Is this property: Sewered \_\_\_\_\_ or Septic \_\_\_\_\_

Description of request: \_\_\_\_\_  
 \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**OWNERSHIP CERTIFICATION**

I (we) do hereby certify that the undersigned is the owner(s) of the property named in the above application and is aware of the application involving this property.

County of Monmouth  
 State of New Jersey

Notary Seal

**Signature(s) of owner(s) of Property** \_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary

TOWNSHIP OF OCEAN

ADDENDUM #1

**For Zoning Variances**

1. Does the applicant own the adjoining property? \_\_\_\_\_

2. Size of Lot: Depth \_\_\_\_\_ Width \_\_\_\_\_

3. Size of proposed structure \_\_\_\_\_

4. Percentage of lot occupied by building \_\_\_\_\_

5. Height of building: Number of stories \_\_\_\_\_

Amount of feet \_\_\_\_\_

6. Proposed setback from front property line \_\_\_\_\_

Existing setback from front property line \_\_\_\_\_

7. Proposed setback from rear property line \_\_\_\_\_

Existing setback from rear property line \_\_\_\_\_

8. Proposed side yard setbacks: Left \_\_\_\_\_ Right \_\_\_\_\_

Existing side yard setbacks: Left \_\_\_\_\_ Right \_\_\_\_\_

Has a Building Permit been requested: \_\_\_\_\_

Has there been any previous appeal involving these premises? \_\_\_\_\_

If so, state character of appeal and the date of disposition:

\_\_\_\_\_  
\_\_\_\_\_

The proposed building or use thereof is contrary to the Zoning Ordinance in the following particulars:

State Article and Sections: \_\_\_\_\_

\_\_\_\_\_

State reasons why this zoning variance should be granted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Township of Ocean  
Board of Adjustment**



**Permission for Inspection of Premises**

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I \_\_\_\_\_ hereby grant permission to Members of the Planning Board or Board of Adjustment, the Board's professionals, or other employees of the Township of Ocean the right to enter in and upon the property located at:

\_\_\_\_\_  
\_\_\_\_\_

otherwise known as block \_\_\_\_\_ lot \_\_\_\_\_ for the purpose of inspection in regard to the pending application which has been filed with the Board for consideration of approval.

Owner's address if other than the above stated:

\_\_\_\_\_  
\_\_\_\_\_

County of Monmouth  
State of New Jersey

\_\_\_\_\_  
Signature(s) of owner(s) of Property

Notary Seal

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Township of Ocean  
Board of Adjustment

**REQUEST FOR CERTIFIED LIST OF PROPERTY OWNERS WITHIN 200' OF:**

**BLOCK** \_\_\_\_\_ **LOT(s)** \_\_\_\_\_

**BLOCK** \_\_\_\_\_ **LOT(s)** \_\_\_\_\_

NAME and ADDRESS  
OF PROPERTY OWNER(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON TO RECEIVE LIST IF  
OTHER THAN PROPERTY OWNER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY:

Block \_\_\_\_\_ Lots: \_\_\_\_\_

Lots: \_\_\_\_\_

|                       |                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                |                  |                                |                  |                                |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|------------------|--------------------------------|------------------|--------------------------------|
| P<br>R<br>I<br>N<br>T | Name                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                |                  |                                |                  |                                |
|                       | Business name, if different from above                                                                                                                                                                                                                                                                                                                                                               |                       |                                |                  |                                |                  |                                |
|                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Check appropriate box</td> <td style="width:15%;">Individual/<br/>Sole proprietor</td> <td style="width:15%;">Corporatio<br/>n</td> <td style="width:15%;">Partnership</td> <td style="width:15%;">Other<br/>&gt; .....</td> <td style="width:20%;">Exempt from backup withholding</td> </tr> </table> | Check appropriate box | Individual/<br>Sole proprietor | Corporatio<br>n  | Partnership                    | Other<br>> ..... | Exempt from backup withholding |
| Check appropriate box | Individual/<br>Sole proprietor                                                                                                                                                                                                                                                                                                                                                                       | Corporatio<br>n       | Partnership                    | Other<br>> ..... | Exempt from backup withholding |                  |                                |
|                       | Address (number, street, apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                          |                       |                                |                  |                                |                  |                                |
|                       | City, state, ZIP code                                                                                                                                                                                                                                                                                                                                                                                |                       |                                |                  |                                |                  |                                |
|                       | Requester's name and address (optional)                                                                                                                                                                                                                                                                                                                                                              |                       |                                |                  |                                |                  |                                |
|                       | List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                               |                       |                                |                  |                                |                  |                                |

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                   | <b>Taxpayer Identification Number (TIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). <b>However, or a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.</b> For other entities, it is your employer identification number (EIN). If you do not have a number, see <b>How to Get a TIN</b> on page 3. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Note:</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.                                                                                                                                                                                                                                          | Social Security Number<br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Or<br>Employer Identification No.<br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Certification</b>                                                                                                                                                                                                                                                                                                                                       |
| Under penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issue to me), and                                                                                                                                                                                                                           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I am a U.S. person (including a US resident alien).                                                                                                                                                                                                                                                                                                        |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your current TIN (See the instructions on page 4.) |                                                                                                                                                                                                                                                                                                                                                            |

|                  |                                      |                  |
|------------------|--------------------------------------|------------------|
| <b>Sign Here</b> | <b>Signature of U.S. person &gt;</b> | <b>Date &gt;</b> |
|------------------|--------------------------------------|------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Purpose of Form</b></p> <p>A person who is required to file an information return with the IRS must obtain your current taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p><b>U.S. Person.</b> Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> <li>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li> <li>2. Certify that you are not subject to backup withholding, or</li> <li>3. Claim exemption from backup withholding if you are a U.S. exempt payee.</li> </ol> <p><b>Note:</b> If a requester gives you a form other than Form W-9 to request your TIN, you should use the requester's form. However, this form must meet the acceptable specifications described in <b>Pub. 1167</b>, General Rules and Specifications for Substitute Tax Forms and Schedules.</p> <p><b>Foreign person.</b> If you are a foreign person, use the appropriate Form W-8 (see <b>Pub. 515</b>, Withholding of Tax on Nonresident Aliens and Foreign Entities).</p> | <p><b>Nonresident alien who becomes a resident alien.</b></p> <p>Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.</p> <p>If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:</p> <ol style="list-style-type: none"> <li>1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.</li> <li>2. The treaty article addressing the income.</li> <li>3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.</li> <li>4. The type and amount of income that qualifies for the exemption from tax.</li> <li>5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.</li> </ol> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SITE PLAN****Preliminary****Final**

| <b><u>Acres</u></b> |               | <b><u>Per Acre</u></b> |  | <b><u>Acres</u></b> |              | <b><u>Per Acre</u></b> |
|---------------------|---------------|------------------------|--|---------------------|--------------|------------------------|
| 0-2                 | \$ 1,000.00   |                        |  | 0-2                 | \$ 500.00    |                        |
| 2-10                | \$1,800 plus  | \$500.00               |  | 2-10                | \$ 700 plus  | \$200.00               |
| 10-25               | 5,000 plus    | 300.00                 |  | 10-25               | 1,700 plus   | 100.00                 |
| 25-100              | 8,000 plus    | 200.00                 |  | 25-100              | 2,800 plus   | 75.00                  |
| 100 & up            | \$15,500 plus | 100.00                 |  | 100 & up            | \$6,600 plus | 50.00                  |

**AMENDED SITE PLAN** \$ 850.00      **MINOR SITE PLAN SUBCOMMITTEE** \$500.00

**MINOR SITE PLAN** \$1,000.00      **EXTENSION OF SITE PLAN APPROVAL** \$500.00  
(NJS 40:55D-52)

**TRASH AND RECYCLABLE MATERIALS STORAGE AREA:** \$150.00

**FLAG LOCATION PLAN:** \$150.00

**ADMINISTRATIVE APPROVALS FOR FAÇADE CHANGES AND ROOF:** \$150.00

**WAIVER:** The site plan fee may be waived by the Township Council by resolution upon application by non-profit corporations devoted to recreational purposes under Title 15 of the Revised General Statutes of New Jersey and applications by the Fire Districts and Sewerage Authority within the Township of Ocean.

**SUBDIVISIONS**

**CLASSIFICATION** (Required on all Subdivisions) \$100.00

**MINOR** (2 to 4 lots) \$500 plus \$100 per lot

**MAJOR** Preliminary \$350 plus \$100 per lot

Final \$150 plus \$50.00 per lot

**AMENDED SUBDIVISION** \$850.00

**c. Variances and Appeals**

40:55D-68 Certification of Use \$500.00

40:55D-70a Appeals 500.00

40:55D-70b Interpretations 500.00

40:55D-20c Hardship: Single Family Residential **200.00**

All others 500.00

40:55D-70d Use Single family residential, per unit 275.00

Multi-family residential / Townhouse 200.00

Commercial and Industrial 1,500.00

All others 1,500.00

d. Conditional Uses 500.00

e. Official Map Appeals 300.00

f. Appeals to Governing Body 300.00

g. **CERTIFIED LIST OF PROPERTY OWNERS** **\$10.00**

h. Whenever an application for development shall include more than one request or action, the total accumulated fees of each separate action shall be charged.