



**Township of Ocean**

Monmouth County

399 Monmouth Road  
Oakhurst NJ 07755-1589

Marianne Wilensky  
Director of Community  
Development

732-531-5000 X 3350  
FAX 732-531-7696

# Board of Adjustment USE Variance Application

All Maps or Plans **MUST BE FOLDED**

\*\*\* 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

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

Applicant \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

If other than occupant,  
**PLEASE PRINT NAME OF CONTACT PERSON**

**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 \_\_\_\_\_

~~~~~  
 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

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

Notary Seal

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

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

**Township of Ocean**  
Planning Board / Board of Adjustment

**ADDENDUM #5**  
For  
Site Plan or Subdivision Approval

APPLICATION BY CORPORATION OR PARTNERSHIP

**OWNERSHIP DISCLOSURE**

A corporation or partnership applying to a Planning Board or Board of Adjustment or the Governing Body or a Municipality for permission to subdivide a parcel of land into six (6) or more lots or applying for a variance to construct a multiple dwelling of 25 or more family units, or for approval of a site to be used for commercial purposes, shall list the names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class, or at least 10% of the interest in the partnership, as the case may be.

Both Boards respectfully request that all applicants submit a complete list of ownership for purposes of determining conflicts of interest between the applicant and the Board Members or their professionals.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_

BOARD OF ADJUSTMENT  
TOWNSHIP OF OCEAN



PERMISSION FOR INSPECTION OF PREMISIS

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

# BOARD OF ADJUSTMENT

## Township of Ocean

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:** \_\_\_\_\_

**TOWNSHIP OF OCEAN  
NOTICE REQUIREMENTS**

1. Corporations require representation by a New Jersey Attorney.
  2. Notice is required on all development applications with the exception of minor subdivisions, final major subdivisions, and conventional site plans if no variances are required.
  3. The applicant must submit a written request for a Certified List of Property Owners within 200' in all directions of the subject property accompanied by a fee of \$10.00. This form is included in the application packet and should be submitted with the application.
  4. CONTENTS OF NOTICE
    - A. Date, time and place of hearings.
    - B. Nature of matters considered.
    - C. Identification of the property proposed for development by street address, block and lot numbers as shown on the current tax records.
    - D. Location and times at which maps and documents for which approval is sought are available for public inspection.
  5. At least ten (10) days prior to the scheduled hearing date:
    - A. **Publish** a Public Notice in the Asbury Park Press and **request an Affidavit of Publication.** Please be aware that the Press must receive your notice at least fourteen (14) days before the date of the meeting in order to publish timely.
    - B. Notify by personal service or certified mail with return receipts:
      1. All property owners within 200 feet;
      2. The Clerk of the adjoining Municipality if located within 200 feet;
      3. If your property is adjacent to an existing or proposed County Road, adjoining other County land, or situated within 200 feet of a Municipal boundary, the Monmouth County Planning Board must be noticed at:

**Monmouth County Planning Board  
Hall of Records Annex  
P.O. Box 1255  
Freehold NJ 07728-1255**
  4. The Commissioner of Transportation must be notified if the property is adjacent to a State Highway:

**Commissioner of Transportation  
Construction and Maintenance  
1035 Parkway Avenue  
Trenton NJ 08625**
  5. The State Planning Commission must be notified if the development exceeds 150 acres or 500 dwellings. Include a copy of the maps and documents required to be on file with the secretary.  
Their telephone number is 609-292-7165.
  6. For personal service, all property owners must sign and date the certified list next to their name.
6. Affidavits for both publication and notice to property owner, certified mail receipts, and/or list of dated signatures are required to be submitted to the Office of Planning Administration at least three (3) days prior to the scheduled hearing accompanied by a copy of the notice sent and a list of the property owners.

**NOTE: The Municipal Agency will notify each applicant of their scheduled hearing date when the application is complete.**

**NOTICE OF DECISION AFTER APPROVAL**

1. Required on all development applications.
2. After approval, the applicant must publish a notice in the Asbury Park Press.
3. A copy of the Affidavit of Publication is to be submitted to the Planning Administrator

**VERY IMPORTANT  
PLEASE READ CAREFULLY**

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

1. **Revised plans** (if required) 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 as they must be reviewed before the hearing.  
**If you do not comply, your application will not be heard.**
2. The **original Affidavit of Publication** from the Asbury Park 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.
3. All plans or maps must be folded. **Rolled plans will not be accepted.**

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| FORM <b>W-9</b><br>(Rev. January 2003)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Request for Taxpayer<br/>         Identification Number and Certification</b>                                                                                                                                                                                                                                                                           | Give form to the requester. Do not send to the IRS. |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P<br>R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name                                                                                                                                                                                                                                                                                                                                                       |                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I<br>N<br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Business name, if different from above                                                                                                                                                                                                                                                                                                                     |                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Check appropriate box                                                                                                                                                                                                                                                                                                                                      | Individual/<br>Sole proprietor                      | Corporation | Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other<br>> .....                        | Exempt from backup withholding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address (number, street, apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                            |                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Requester's name and address (optional) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, state, ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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).<br><b>However, or a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to Get a TIN on page 3.</b><br><br><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%; height: 15px; border-collapse: collapse;"> <tr><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr> </table> Or<br>Employer Identification No.<br><table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign Here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Signature of U.S. person &gt;</b>                                                                                                                                                                                                                                                                                                                       | <b>Date &gt;</b>                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Purpose of Form</b><br>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.<br><br><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:<br><br>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),<br>2. Certify that you are not subject to backup withholding, or<br>3. Claim exemption from backup withholding if you are a U.S. exempt payee.<br><br><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.<br><br><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). |                                                                                                                                                                                                                                                                                                                                                            |                                                     |             | <b>Nonresident alien who becomes a resident alien.</b><br>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.<br><br>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:<br><br>1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.<br>2. The treaty article addressing the income.<br>3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.<br>4. The type and amount of income that qualifies for the exemption from tax.<br>5. Sufficient facts to justify the exemption from tax under the terms of the treaty article. |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

| <u>Acres</u> |               | <u>Per Acre</u> | <u>Acres</u> |              | <u>Per Acre</u> |
|--------------|---------------|-----------------|--------------|--------------|-----------------|
| 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           |

|                                 |            |                                                                  |          |
|---------------------------------|------------|------------------------------------------------------------------|----------|
| <b><u>AMENDED SITE PLAN</u></b> | \$ 850.00  | <b><u>MINOR SITE PLAN SUBCOMMITTEE</u></b>                       | \$500.00 |
| <b><u>MINOR SITE PLAN</u></b>   | \$1,000.00 | <b><u>EXTENSION OF SITE PLAN APPROVAL</u></b><br>(NJS 40:55D-52) | \$500.00 |

**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.         | <b><u>CERTIFIED LIST OF PROPERTY OWNERS</u></b> | \$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.

i. **Professional Review Fees:** The Municipal Agency may require the payment of fees into an escrow account for the purpose of reimbursing the Township for direct fees, costs, charges, and expenses of professional consultants retained by or on behalf of the Township, its Boards, or agencies and employees and staff of the Township, its boards or agencies in reviewing and testifying and/or assisting the Township in the processing of applications pursuant to the ordinances of the Township and/or assisting the Township in the evaluation, planning, and proper design of municipal services and facilities in order to meet the needs of the proposed project. Such escrow account will be based upon the following schedules:

|             | <u>SITE PLAN</u>                           |                           | <u>ESCROW FEES</u> |                                   | <u>SUBDIVISION</u>        |
|-------------|--------------------------------------------|---------------------------|--------------------|-----------------------------------|---------------------------|
|             |                                            | <u>Initial Escrow Fee</u> |                    |                                   | <u>Initial Escrow Fee</u> |
| <b>ACRE</b> | 0-2                                        | \$ 2,500.00               |                    | Minor (2 to 4 lots)               | \$2,500.00                |
|             | 2-10                                       | 4,000.00                  |                    | Major (5 to 12 lots)              | 3,000.00                  |
|             | 10-25                                      | 6,000.00                  |                    | (13 to 24 lots)                   | 4,000.00                  |
|             | 25-100                                     | 10,000.00                 |                    | (25 to 50 lots)                   | 5,000.00                  |
|             | 100 & up                                   | \$15,000.00               |                    | (51 and up)                       | 10,000.00                 |
|             |                                            |                           |                    | <b><u>AMENDED SUBDIVISION</u></b> | \$1,500.00                |
|             | <b>MINOR SITE PLAN</b>                     |                           |                    |                                   | \$2,000.00                |
|             | <b>AMENDED SITE PLAN</b>                   |                           |                    |                                   | 1,500.00                  |
|             | <b>MINOR SITE PLAN SUBCOMMITTEE REVIEW</b> |                           |                    |                                   | 500.00                    |
|             | <b>EXTENSION OF SITE PLAN APPROVAL</b>     |                           |                    |                                   | 1,000.00                  |
|             | <b>USE VARIANCE</b>                        |                           |                    |                                   | 2,000.00                  |
|             | <b>CERTIFICATION OF USE</b>                |                           |                    |                                   | 1,000.00                  |
|             | <b>BULK VARIANCES / NON-RESIDENTIAL</b>    |                           |                    |                                   | 1,000.00                  |
|             | <b>APPEALS</b>                             |                           |                    |                                   | 1,000.00                  |
|             | <b>INTERPRETATIONS</b>                     |                           |                    |                                   | 1,000.00                  |

No professional reviews will be undertaken until the escrow has been established. If, in the judgement of the Planning Board or Board of Adjustment, additional funds are required after 75% of the original escrow account has been exhausted, these monies shall be paid to the appropriate account or accounts.

j. Inspection fees (Refer to ordinance)

k. **Special Meetings for the Planning Board or Board of Adjustment** If the Board of Adjustment or Planning Board is requested to, and decided to hear an application at one or more special meetings, the applicant(s) shall pay an additional two thousand (**\$2,500.00**) five hundred dollars for each special meeting at which the matter is heard.

l. **Conceptual Review** At the request of a developer, the Planning Board shall grant an informal review of a concept plan for development for which the developer intends to prepare and submit an application for development. The fees for such an informal review are:

Application Fee - \$150.00

Escrow for Professional Review - \$250.00

The amount of any fees for such an informal review shall be a credit toward fees for review of the application for development if applied for within 180 days of such an informal review.