



TOWNSHIP OF PLAINSBORO

Department of Planning and Zoning
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909 ext. 1502

Form No. 1
File No. _____

PLANNING/ZONING BOARDS

File _____
(Applicant's name)

DISPOSITION

Approved _____
Approved with Conditions _____
Disapproved _____
Date Decision Published _____
Planning Board _____

Date Application Received _____
Date Application Complete _____
Date of Public Hearing _____
Extension of Time Granted _____
Fee Collected \$ _____
Date Collected _____
Board of Adjustment _____

(DO NOT WRITE ABOVE THIS LINE)

I. SCHEDULE

Pursuant to the Township of Plainsboro Municipal Code and applicable New Jersey State Law, application is made to the Township of Plainsboro for the following:

Check Applications(s) Requested	Type of Application	Fee \$	Check Applications Requested	Type of Application	Fee \$
<input type="checkbox"/>	1. Appeal of Administrative decision	<input type="checkbox"/> _____	<input type="checkbox"/>	9. Final Approval of Major Subdivision	<input type="checkbox"/> _____
<input type="checkbox"/>	2. Interpretation	<input type="checkbox"/> _____		Date of Preliminary Approval _____	
<input type="checkbox"/>	3. Bulk Variance	<input type="checkbox"/> _____	<input type="checkbox"/>	10. Preliminary Site Plan Approval	<input type="checkbox"/> _____
<input type="checkbox"/>	4. Use Variance	<input type="checkbox"/> _____	<input type="checkbox"/>	11. Final Site Plan Approval	<input type="checkbox"/> _____
<input type="checkbox"/>	5. Conditional Use	<input type="checkbox"/> _____	<input type="checkbox"/>	12. Minor Site Plan Approval	<input type="checkbox"/> _____
<input type="checkbox"/>	6. Classification of sketch plat	<input type="checkbox"/> _____	<input type="checkbox"/>	13. Concept	<input type="checkbox"/> _____
<input type="checkbox"/>	7. Approval of Minor Subdivision	<input type="checkbox"/> _____			
<input type="checkbox"/>	8. Preliminary Approval of Major Subdivision	<input type="checkbox"/> _____			
	Date classified as Major _____				
				TOTAL FEE _____	

II. FOR VARIANCE ONLY

Check forms No. 2 through 5 for additional information.

III. GENERAL DATA

Name of Applicant _____
Address _____
City _____ State _____ Zip _____ Phone _____
Applicant Interest in property (owner, lessee, etc) _____
When acquired _____
Street Address of Property _____
Tax Map Sheet _____ Block _____ Lot _____ Date filed with County Recorder _____

- Is the property served by a public sewer system? Yes _____ No _____
- Is the property served by a public water system? Yes _____ No _____
- Is applicant willing to dedicate land for the widening of roads in compliance with the Township and/or County Master Plan? Yes _____ No _____

Is the proposed use on a Municipal _____, County _____, or State _____ road?

Area of property _____ acres or _____ sq. ft. Frontage on an improved street _____ ft. No. of proposed lots _____
 Present Zoning _____
 Present Use of Property: _____ Proposed Use of Property: _____
 Description of all present structures: _____
 Number of proposed Buildings _____ Floor area of all structures _____ sq. ft.
 Percentage of coverage by buildings _____ By impervious cover _____
 Estimated Costs: Building \$ _____ Site Work \$ _____
 Bulk Restrictions provided: Front Yard _____ Side Yard _____
 Rear Yard _____ Height _____
 Has a subdivision previously been granted? _____ Date _____
 Has a variance previously been granted? _____ Date _____
 Parking spaced required _____
 Are there any existing or proposed covenants or deed restrictions on the property? _____
 Explain _____

- Is a variance requested? _____
- Describe in detail section of zoning ordinance from which applicant seeks relief: _____

Other Data (ATTACH SHEET IF NECESSARY) _____

IV. PLANS

Attach list of all plans and other exhibits submitted, indicating names, address, license #, and phone numbers of preparer.

V. CERTIFICATION

I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the above authorization. I further authorize Township Officials to inspect the site note above.

 Signature of Owner

 Date

 Signature of Applicant

 Title

Sworn to and subscribed before me this _____ day
 of _____ 20____.

Persons to be contacted regarding matters pertaining to this
 application, if other than myself.

 Notary

Name _____

Phone _____

**AGREEMENT TO PAY FOR PROFESSIONAL REVIEW
 Plainsboro Township**

Date _____

Applicants Address _____

Block _____ Lot _____

 Name of Developer

Agree(s) to pay for any professional review necessary
 for the above construction.

Signed _____

Title _____

APPROVED
PLAINSBORO TOWNSHIP PLANNING/ZONING BOARD

NUMBER _____

DATE _____

CHAIRMAN _____

SECRETARY _____



TOWNSHIP OF PLAINSBORO

Department of Planning and Zoning
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909 ext. 1502

Form No. 11
File No. _____

PLANNING/ZONING BOARDS CONCEPT, SKETCH PLAT, OR MINOR SUBDIVISION CHECKLIST

APPLICANT _____ ADDRESS _____
TEL NO. _____ SITE LOCATION _____
DATE _____ REVIEWED BY _____

- | | |
|--|--|
| <input type="checkbox"/> 10 days prior to meeting | <input type="checkbox"/> R.O.W. for roads as shown on County and Township master plans |
| <input type="checkbox"/> 4 copies of concept plan | <input type="checkbox"/> Proposed lot lines |
| <input type="checkbox"/> 17 copies of sketch plat (15 if Use of Bulk variances) | <input type="checkbox"/> Lot dimensions |
| <input type="checkbox"/> 17 copies of application (15 if Use or Bulk variances) | <input type="checkbox"/> Lot areas |
| <input type="checkbox"/> Application fee (see current fee schedule) | <input type="checkbox"/> Set back lines, front, side and rear |
| <input type="checkbox"/> Agreement to pay for professional review | <input type="checkbox"/> Title of map |
| <input type="checkbox"/> Key map – scale not less than 1" = 2000' for subdivision and surrounding areas of 500' on all sides | <input type="checkbox"/> Name of development or subdivision |
| <input type="checkbox"/> Scale of plat – 1" = 400 | <input type="checkbox"/> Tax map sheet, block and lot numbers |
| <input type="checkbox"/> Sheet size 8 1/2x11, 15x21, 24x 36, 30x42 | <input type="checkbox"/> Acreage of tract to be subdivided or developed |
| <input type="checkbox"/> Dimensions shown as are on tax map | <input type="checkbox"/> Date original plan and all revisions |
| <input type="checkbox"/> Contours at 2 foot intervals | <input type="checkbox"/> Names and addresses of owner and applicant |
| <input type="checkbox"/> All existing structures within tract and 200 feet adjoining | <input type="checkbox"/> North arrow |
| <input type="checkbox"/> Shortest distance from any existing structure to proposed or existing lot lines | <input type="checkbox"/> Written and graphic scales |
| <input type="checkbox"/> Existing wells and sanitary sewer systems on tract | <input type="checkbox"/> Zoning classification statement |
| <input type="checkbox"/> Streets | <input type="checkbox"/> Zoning classification of adjacent properties |
| <input type="checkbox"/> Roads | <input type="checkbox"/> Signature and seal of land surveyor, licensed engineer or professional planner |
| <input type="checkbox"/> Drainage row | <input type="checkbox"/> Corner lot sight triangle easement |
| <input type="checkbox"/> Streams | <input type="checkbox"/> Soil types |
| <input type="checkbox"/> Existing utility lines in tract and within 500 feet of tract | <input type="checkbox"/> Proposed and existing signs (detail) |
| <input type="checkbox"/> Flood hazard areas | <input type="checkbox"/> Proposed and existing culverts, bridges, drainpipes and driveways |
| | <input type="checkbox"/> Architectural or historic significance of any existing buildings to remain or to be removed |

- Flood hazard areas, including floodway and floodfringe
- Wetlands, buffer zones, and heavily wooded areas
- Major aquifer outcrop areas
- Subject property owner's consent
- Board Chairman and Secretary approval signature blocks
- Photographs of any unusual topographic, environmental, historic or physical aspect
- Location of existing buildings to remain or to be removed
- Traffic statement, including present and anticipated volumes, roadway capacity, network problems, and needed improvements.
- Indicate improvement coverage and land area
 - number of units
 - square feet of construction
 - density and building coverage
 - number of employees
 - number of residents
- Schedule of desired development time frame from Township review to completion and occupancy
- Environmental impact assessment per §20-10 of Township Code – minor subdivision only
- 200 foot property search list – obtain from Tax Assessor's Office

Key:

(X) Information is provided on site plan.

(W) Waiver is requested for this item.

Please attach a list identifying, briefly explaining and justifying each requested waiver.



TOWNSHIP OF PLAINSBORO

Department of Planning and Zoning
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909 ext. 1502

AFFIDAVIT OF OWNERSHIP

_____, attest that I/we reside at _____
(Property Owner/s)
in the _____ of _____ in the County of _____, and State
of _____ that _____ is/are the owners in fee of all that certain lot,
(Property Owner/s)
piece or parcel of land situated, lying and being in the Township of Plainsboro, New Jersey, and
known and designated as Block _____, Lot _____.

(Signature of Property Owner/s)

Notary Seal

Sworn and subscribed before me this _____ day of _____, 20____.

(Signature of Notary)

AUTHORIZATION

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

_____ is hereby authorized to
make the within application.

Dated: _____ . 20____ . _____
(Owners/s to sign here)



TOWNSHIP OF PLAINSBORO

Department of Planning and Zoning
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909 ext. 1502

TAXES COLLECTED

FILE NUMBER: _____

RE: Taxes Collected

ON: Block _____ Lot _____

This is to certify that all taxes levied have been collected on the above property for the period ended _____.

Signed _____ Date _____
Municipal Tax Collector

Roll Back taxes have/have not been paid. Date _____

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)	
	Business name (Sole proprietors see instructions on page 2.)	
	Please check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
+
OR
Employer identification number
+

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 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.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the 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 correct TIN. (Also see Part III instructions on page 2.)

Sign Here	Signature ▶	Date ▶
-----------	-------------	--------

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such

payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.