



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

**Development Application Guide**

1. Applicants are encouraged to meet with the Township's Department of Planning and Zoning prior to submitting an application by calling the Planner/Zoning Officer at (609)799-0909 ext. 1503
2. The initial submission shall consist of Four (4) Sets of the following:
  - a. Transmittal  
Letter describing approvals, including any variances requested and application materials being submitted (e.g., forms, fees, plans, technical reports, etc.).
  - b. Narrative  
Detailed description of the project, with reference to requested approvals and if submission waivers and/or variances are being sought.
  - c. Completed General Application (Form 1) – Must be signed and dated "Agreement to Pay for Professional Review"
  - d. Completed Applicant Disclosure Statement (Form 6)
  - e. Completed Affidavit of Ownership (Form 7)
  - f. Completed proof of tax payment (Form 8)
  - g. Completed site plan review and/or subdivision Check List (Form 11, 12, 13) marked with an "X" or "W" on each item. Provide a separate listing of all waivers requested including a description and justification for each.
  - h. Identify any variances including applicable code section, with a detailed explanation and justification.
  - i. Completed W9 Form
  - j. Payment of required application and escrow fees pursuant to the Fee Schedule (Form 14). Include documentation showing the application and escrow fee calculations. Submit two checks made out to Plainsboro Township, one for the application fees, and one for escrow fees.
  - k. Site Plan drawings pursuant to the requirements for same in Chapter 85 of the Township Code
3. For projects located in the Redevelopment Plan Area, submit an Amended Redevelopment Plan compliance document, a trip generation analysis report per §9.2 and Supplementary Submission materials as per §9.2.1 of the Plan
4. The applicant will be notified in writing if there are any deficiencies in the application.
5. The applicant will be notified in writing when the application is tentatively scheduled for consideration by the Development Review Committee (DRC Confirmation Letter) with requirements related thereto.



**TOWNSHIP OF PLAINSBORO**

**Department of Planning and Zoning**

**641 Plainsboro Road**

**Plainsboro, NJ 08536**

**609-799-0909 ext. 1502**

**Form No. 1**

**PLANNING/ZONING APPLICATION**

**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:

<b><u>Type of Application (Please Check)</u></b>	<b><u>Fee \$</u></b>	<b><u>Forms Needed</u></b>
<input type="checkbox"/> 1. Concept Plan	_____	1, 6, 7, 11, 14, & W9
<input type="checkbox"/> 2. Minor Site Plan	_____	1, 6, 7, 8, 13, 14 & W9
<input type="checkbox"/> 3. Preliminary/Final Major Site Plan	_____	1, 6, 7, 8, 9, 13, 14 & W9
<input type="checkbox"/> 4. Minor Subdivision	_____	1, 6, 7, 8, 11, 14 & W9
<input type="checkbox"/> 5. Preliminary/Final Major Subdivision	_____	1, 6, 7, 8, 9, 11, 12, 14 & W9
<input type="checkbox"/> 6. Variance		
a. Bulk	_____	1, 4, 6, 7, 8, 9, 10, 14 & W9
b. Use	_____	1, 5, 6, 7, 8, 9, 10, 14 & W9
<input type="checkbox"/> 7. Appeal of Administrative Decision	_____	1, 2, 14 & W9
<input type="checkbox"/> 8. Interpretation	_____	1, 3, 14 & W9
<input type="checkbox"/> 9. General Development Plan	_____	1, 6, 7, 8, 9, 14, 15 & W9

**II. CONTACT AND PROPERTY INFORMATION (Provide information as applicable):**

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant's Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Engineer/Surveyor:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Administrative Decision Appeal**

**Address of Property:** \_\_\_\_\_

Applicant Interest in property (owner, lessee, etc.) \_\_\_\_\_

When acquired \_\_\_\_\_

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 \_\_\_\_\_ Impervious coverage \_\_\_\_\_

Has a subdivision previously been granted? \_\_\_\_\_ Date \_\_\_\_\_

Has a variance previously been granted? \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_

**III. PLANS**

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

**IV. 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 noted above.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

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

The undersigned, hereby agrees to pay for any professional review necessary for proposed application

Applicant Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_





TOWNSHIP OF PLAINSBORO

Department of Planning and Zoning

641 Plainsboro Road

Plainsboro, NJ 08536

609-799-0909 ext. 1502

Form No. 14

FEE SCHEDULE

Application Fee Escrow Fee

1. Subdivision

Table with 3 columns: Item, Application Fee, Escrow Fee. Rows include Minor Subdivision, Preliminary Major Subdivision, Final Major Subdivision, Subdivision Certificate of Approval, and Time Extension.

2. Site Plan

Table with 3 columns: Item, Application Fee, Escrow Fee. Rows include Residential Concept Plan, Nonresidential Concept Plan, Minor Site Plan, and Preliminary Major Site Plan.

over ->

## Administrative Decision Appeal

e) Final Major Site Plan	\$500.00	\$375.00 minimum deposit or \$35.00 per acre or part thereof plus \$3.00 per dwelling if Residential or \$0.05 per sq. ft. or parts thereof if Commercial of total proposed building area up to and including 20,000 sq. ft. \$0.03 per additional sq. ft. or part thereof over 20,000 sq. ft.
f) Time Extension	\$100.00	\$0.00 utilize existing escrow

### 3. **Other Submissions**

a) General Development Plan	\$500.00	\$750.00 minimum deposit or \$75.00 per acre or part thereof plus \$5.00 per dwelling if Residential or \$0.10 per sq. ft. if Commercial of total proposed building area up to and including 20,000 sq. ft. and \$0.07 per additional sq. ft. or part thereof over 20,000 sq. ft.
b) All other conditional use approvals	\$250.00	\$2,500.00
c) Appeal of Administrative Decision under 40:55D-70a	\$200.00	\$500.00
d) Interpretations or special questions under 40:50D-70b	\$200.00	\$500.00
e) Hardship Variances under 40:55D-70C		
• Residential	\$100.00	\$500.00
• Non-residential	\$250.00	\$2,000.00
f) Use Variances	\$250.00	\$2,500.00 for each variance

# Administrative Decision Appeal

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for 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.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

### Part II 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 (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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 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 correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.