



OFFICE OF
VENTNOR CITY ZONING BOARD
VENTNOR CITY PLANNING BOARD

CITY HALL
VENTNOR CITY, NEW JERSEY 08406
(609) 823-7987

Information can be found on City Website: www.ventnorcity.org

Meetings held in Municipal Court Room at 6:30 pm on specified dates

Application for Action by Planning or Zoning Board

Ventnor City, New Jersey

Please Type or Print Clearly

1. Date of Application: _____

2. Application Made to (Check only One):

Planning Board: _____

Zoning Board: _____

3. Zoning District:

- | | | | | | |
|------------|-------------------------------------|------------|-----------------------------|-----------|---------------|
| R-1 _____ | Single Family | R-2 _____ | Single Family | R-3 _____ | Single Family |
| R-4 _____ | Single Family | R-5 _____ | Single Family | R-6 _____ | Single Family |
| R-7 _____ | Single Family | R-8 _____ | Single Family | | |
| R-9 _____ | Single Family, High Rise, Townhouse | R-10 _____ | Environmental: Ventnor West | | |
| R-11 _____ | Special Development District | COMM _____ | City Commercial District | | |
| CMU _____ | Commercial Mixed Use | DCD _____ | Design Commercial District | | |

4. Subject Lot:

Street Address (es) _____

Block Number: _____ Lot Number (s): _____

Total Area (in Square Feet): _____

Lot Frontage: _____ Lot Depth: _____

5. Information about the Applicant

Full Name (s): _____

If Business entity, Names of Officers or Principals (Subject disclosure statement if appropriate)

Property Address: _____ Zip Code: _____

Other Residence Address: _____ Zip Code: _____

Mailing Address (Address that all correspondence will get mailed to): _____

_____ Zip Code: _____

Phone Number (s) (Include Area Code):

Home Address: _____ Cell Phone: _____

Business Address: _____ Best Number to call: _____

Email Address (s): _____

Tax ID or Social Security Number (For Escrow Account – This must be filled in):

6. Interest in Subject Property (Supply copies of relevant documents with this application):

_____ By lease dated: _____

_____ By Agreement of Sale Dated: _____

_____ By Ownership of property since: _____

_____ By other Interest in Law (Describe): _____

7. If you do not own the subject property, provide the following regarding the owner:

a. Name (s): _____

b. Address: _____

c. Phone Number (Include Area Code):

i. Residence: _____

ii. Business: _____

d. Describe any contingency regarding the purchase or lease of the premises:

i. _____

8. Type of Application Applied for (Check all applicable):

_____ Minor Site Plan

_____ Major Site Plan

_____ Minor Subdivision

_____ Major Subdivision

_____ "C" Variance (s)

_____ Use or Density Variance (s) "D"

_____ Other (Explain): _____

_____ Conditional Use Permit

_____ Interpretation

9. Professionals representing the applicant: (Check applicable professional and provide information)

_____ Attorney: Name: _____ Phone: _____

Address: _____

_____ Architect: Name: _____ Phone: _____

Address: _____

_____ Engineer: Name: _____ Phone: _____

Address: _____

_____ Preparer of Sketch plot or Site Plan: (if different from above)

Name: _____ Phone: _____

Address: _____

10. If Site plan action is required:

a. Provide on the Site Plan itself a detailed landscape plan, include types of ground materials and vegetation, including sizes and all pertinent information

b. Provide, if applicable, details of finish materials for the building, including and signing or lighting

c. What is present use: _____

d. How will this be changed: _____

e. Include all current and proposed off-street parking

11. If Variances are required:

- a. Note: Properly sealed site plan must show all dimensions relevant to variance analysis
- b. Current use of Lot (s) and/or Building (s): _____
- c. Proposed use of Lot (s) and/or Building (s): _____
- d. Number of Bedrooms:
 - i. Current: _____
 - ii. Proposed: _____
- e. Number of Off-street parking:
 - i. Current: _____
 - ii. Proposed: _____
- f. If "D" or "USE" variance is required, Please explain: _____
- g. Dimensional Variances (Front, Side, Rear, Lot Coverage, etc.)

Variance Type	Zone requirement	Present Condition	Proposed Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Prior Actions:

- a. Detail any prior hearing and/or decision relevant to this application. Supply date, name of Board, and results. If none, check here: _____
 - i. _____
- b. Detail any current and prior permits on the property that could be relevant to the application:
 - i. _____

13. County Actions: Provide necessary dates and decisions

- a. Site Plan:
 - _____
 - _____
 - _____
- b. Subdivision:
 - _____
 - _____
 - _____
- c. Other:
 - _____
 - _____
 - _____

14. Landscaping Plan: In accordance with article 102-118.4G, a minimum of two (2) street trees must be planted per dwelling. Please include a detailed narrative of the landscaping plans to comply with this article:

_____ ***Check here is requesting a waiver of the street tree requirement. Detail the reason for this waiver***

FORM FOR PROOF OF SERVICE

STATE OF NEW JERSEY)

ss.

COUNTY OF ATLANTIC

_____ of full age, being duly sworn according to the law, disposes and says, that he/she resides at _____ in the City of _____, County of _____; and the State of _____ that he/she is the applicant in a proceeding before the Planning/Zoning Board, Ventnor City, New Jersey, being an application under the City's Development Regulations, and which relates to the premises known as

_____ Block _____, Lot _____; that he/she gave notice of this proceeding to each and all of the owners of property affected by said application according to the rules of the Ventnor City Development Regulations by personal service and/or by registered mail on _____, 20 _____. A true copy of said notice is attached to this affidavit, together with the list of property owners upon whom same was served.

Applicant Signature

Sworn to before me on this

_____ day of _____, 20 _____

Notary Public

Seal of Notary

City of Ventnor City Planning/Zoning Board

Application Checklist

This list is for each and every copy submitted of application

- I. _____ Signed and Notarized application
- II. _____ Copy of Ventnor City Tax map highlighting the applicant property
- III. _____ Set of color photographs showing front, oblique, and rear views (if applicable)
 - a. Include photos of neighboring properties if applicable
- IV. _____ Sealed copy of property survey that is not older than 2 years
 - a. Any survey older must be updated or a signed statement noting no changes
- V. _____ Copies of professional plans or detailed sketches of proposed plans
- VI. _____ Detailed sketch (s) of current conditions
- VII. _____ Detailed Sketch (s) or plans of proposed plan
- VIII. _____ Statement of Existing and Proposed use of property
- IX. _____ Copy of Ventnor City Residential Property Card
 - a. This is available from the Ventnor City Tax Assessor
- X. _____ Certification that Property Taxes are current
 - a. This can be obtained from Tax Office
- XI. _____ Statement and/or drawings of existing and proposed Building heights
 - a. If applicable
- XII. _____ Statement and/or drawings of existing and proposed off-street parking
 - a. If applicable
- XIII. _____ Professional plans should include a signature space for Board Chairman, engineer, and Board Secretary.
 - a. If applicable
- XIV. _____ Detailed plan for landscaping or street trees as required
 - a. Notice if requesting a waiver for such
- XV. _____ Check for application fee as per fee structure. Check to include \$50 for final notice of Decision.
- XVI. _____ Check for Escrow fee as per fee structure
 - a. Need to include Tax ID # or Social Security # of name on check