

# APPLICATION FOR ACTION BY PLANNING BOARD

MARGATE, NEW JERSEY

PLEASE  
TYPE OR  
PRINT

1. **Date of Application:** \_\_\_\_\_

## 2. **Zoning District:**

S-60	Single Family Residential	MF	Multi-Family Residential
S-60-WF	Single- Family Residential	CBD	Central Business District
S-50	Single Family Residential	C-1	Commercial
S-40	Single Family Residential	C-2	Commercial/Business
S-40-WF	Single-Family Residential	WSD	Waterfront Special District
S-30	Single Family Residential	R	Riparian
S-25	Single Family Residential	WAPC	Washington Avenue Pedestrian Corr.
S-25 (HD)	Historic Single Family Residential	WSPA	Government and Open Space
TF	Two-Family Residential	I	Institutional Use
B	Beach		

## 3. **Subject Parcel:**

Street Address(es) \_\_\_\_\_

Block Number \_\_\_\_\_ Lot No(s) \_\_\_\_\_

Total Area (in square feet) \_\_\_\_\_

Frontage: \_\_\_\_\_

Depth: \_\_\_\_\_

## 4. **Information about the Applicant:**

Full name(s) \_\_\_\_\_

If Business Entity, Names of Officers or Principals (Submit disclosure statement if appropriate)

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

Local Residence Address \_\_\_\_\_ Zip \_\_\_\_\_

Other Residence Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) (include area code);

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

Business \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

**5. 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. If you do not own the Subject Property, provide the following regarding the Owner:**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. (include area code);  
Res. \_\_\_\_\_  
Bus. \_\_\_\_\_  
Fax \_\_\_\_\_  
Cell \_\_\_\_\_

**7. Type of Application Applied For** (check all applicable):

___ C Variance(s)	___ Minor Subdivision	___ Interpretation (B Variance)
___ D Variance(s)	___ Major Subdivision	___ Other (Explain)
___ Minor Site Plan Action	___ Conditional Use Permit	_____
___ Major Site Plan Action	___ Appeal (A)	_____

**8. Application Made To:** \_\_\_\_\_ Planning Board \_\_\_\_\_ Other

**9. Professionals Representing the Applicant:** (Check applicable professional and provide information)

\_\_\_ Attorney: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Fax \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_ Architect: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Fax \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_ Engineer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Fax \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_ Preparer of Subdivision or Site Plan (if different from above)  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Fax \_\_\_\_\_ Cell \_\_\_\_\_

*(Be sure to include all area codes and zip codes in the above)*

**10. If Site Plan Action is Required:**

-What is the present use of the site and building(s)?

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-How will this be changed?

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**11. If Subdivision Action is Required:**

-After conferring with the City Tax Assessor, provide lot numbers of new lot(s), dimensions, and area of each: (use extra pages, if necessary)

Lot No(s)	Dimension(s)	Area(s)
_____	_____ x _____	_____ S.F.
_____	_____ x _____	_____ S.F.
_____	_____ x _____	_____ S.F.

-Purpose of the Subdivision

☐ To sell lot(s)  
☐ To build and sell homes (or other buildings)  
☐ Other (please explain): \_\_\_\_\_

**12. If Variances are Required:**

(Note: Properly scaled site plan must show all dimensions relevant to variance analysis)

-Current use of lot(s) and building(s): \_\_\_\_\_

-Proposed use: \_\_\_\_\_

-If a "D" or "Use" Variance is required, please explain: \_\_\_\_\_

-Regarding any dimensional variances required, please fill out the following chart:

Variance	Requirement of District	Present Condition	Proposed Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**13. Prior Action:** Please detail any prior hearing and/or decision relevant to this application. Supply date, name of Board, and results. (IF YOU ARE NOT SURE PLEASE CHECK WITH EITHER BOARD ADMINISTRATOR.) If no prior action, write "none".

**14. County and Other Agency Actions** (Provide necessary dates and decisions):

**Site Plan:**

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**Subdivision:**

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**Other:**

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**15. Space for Narrative:** In this space you must provide a general narrative description of what is being proposed, as well as any information not otherwise set forth above which may be relevant to the application, including justifications, clarifications and extenuating circumstances. FAILURE TO PROPERLY COMPLETE THIS SPACE WILL CONSTITUTE AN INCOMPLETE APPLICATION.

**16. Signature of Applicant(s):**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**17. This space for Board Administrator:**

-Staff Committee action took place  
\_\_\_\_\_ and case assigned to  
the Planning Board for \_\_\_\_\_ or

-This application received by the  
Planning Board Administrator on  
\_\_\_\_\_

By: \_\_\_\_\_

**18. Notarized Statement by Applicant:**

State of New Jersey     } ss.

County of Atlantic     }

\_\_\_\_\_, being duly  
sworn according to law, deposes and says, that  
the statements contained in the above application  
and the statements contained in the papers  
submitted herewith are true.

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

\_\_\_\_\_

## Corporate Disclosure Form

\_\_\_\_\_  
(Corporation Name)

IN THE MATTER OF THE: MARGATE CITY PLANNING BOARD

APPLICATION OF \_\_\_\_\_  
(print applicant name)

### Property Location

Block (            ) Lot (            )  _____  _____
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\_\_\_\_\_, of full age, hereby certified the following factual information:  
(print applicant name)

1. I am authorized to file this Certification on behalf of \_\_\_\_\_ the  
(print corporation name)  
owner of the property, which is the subject of this application.
2. \_\_\_\_\_ is a \_\_\_\_\_ corporation organized  
(print corporation name) (style of)  
pursuant to the laws of the State of \_\_\_\_\_.
3. The names and addressed of all persons having a 10% or greater ownership Interest in  
\_\_\_\_\_ are as follows:  
(print corporation name)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
4. There are no other persons or entities having a 10% or greater interest in  
\_\_\_\_\_.  
(print corporation name)

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(title)

Dated: (            )