

APPLICATION FORM
ZONING BOARD OF ADJUSTMENT
BOROUGH OF MOUNTAIN LAKES, NEW JERSEY

Application Number _____
Date Filed _____
Fee Paid _____
Taxes Paid _____

SECTION 1. INFORMATION REGARDING THE APPLICANT:

A) Applicant's Name

Address

Telephone

email

B) Owner's Name

Address

Telephone

email

(If the applicant is not the owner of the property, please complete the owner's authorization at the end of this application.)

C) The applicant is an: Individual(s) _____ Corporation _____ Partnership _____

Other (please specify) _____

If the applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having 10% interest or more in the corporation or partnership.

D) The relationship of the applicant to the property is:

Owner _____ Purchaser under Contract _____ Tenant or Lessee _____

Other (please specify) _____

SECTION 2. INFORMATION REGARDING THE PROPERTY

A) The street address of the Property is _____

B) The location of the Property is approximately _____ feet from the intersection of _____ and _____.

C) The tax map Block number(s) is _____ the Lot number(s) is _____.
(See tax bill or deed for this information.)

D) The zone in which the Property is located is _____ *

E) The dimensions of the Property are _____

F) The size of the property is _____ square feet.

G) Notice is required in all cases. Additional notice is required if the property is located: (please check if applicable)

1. within 200 feet of another municipality ()
2. adjacent to an existing or proposed county road. ()
3. adjacent to other county land ()
4. adjacent to a state highway ()

H) Have there been any previous Board of Adjustment or Planning Board hearings involving this property? YES _____ NO _____

If the answer to (H) is YES, attach a copy of the written decision(s)* adopted by the applicable Board.

*** Administrative Officer can assist applicant with this information.**

(I) Describe any deed restrictions, easements or other matters affecting this property.

(J) Is this application filed pursuant to the *Special Zoning Requirements for Contributing Dwellings* in Section 40-49? Yes _____ No _____

SECTION 3. INFORMATION ABOUT REQUESTED RELIEF: (see Chapter 40-21)

A) Provide information appropriate to your application and check those areas requiring variance relief:

	<u>Existing</u>	<u>Proposed</u>	<u>Allowed/Required</u>
___ Floor Area Ratio (%)	_____	_____	_____
___ Improved Lot Coverage (%)	_____	_____	_____
Setbacks:			
___ Front	_____	_____	_____
___ Side	_____	_____	_____
___ Side	_____	_____	_____
___ Rear	_____	_____	_____
___ Shoreline	_____	_____	_____
___ Use	_____	_____	_____
___ Height*	_____	_____	_____

***See Chapter 40-21A.(4a)[6] to determine if your height variance is a C or D variance**

___ Other (describe) _____

B) Indicate the Sub-Section of the Borough of Mountain Lakes Land Use Ordinances Chapter 40-21 under which this application is submitted:

- ___ Appeal of action of administrative officer
- ___ Interpretation of zoning ordinance or map
- ___ "C-1" (40-21.3A) hardship
- ___ "C-2" (40-21.3B) "benefits ... would substantially outweigh any detriment"
- ___ "D" Use, Floor Area Ratio, Height or Density variance
- ___ Other _____

C) PROPOSAL -- Provide a description of the proposed physical changes to the property/ or the proposed use of the property.

D) REASONS FOR RELIEF: Supply a statement of facts showing why the requested relief can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Zoning Plan and land use ordinances.

***This worksheet must be completed, sealed and certified by a licensed architect or engineer**
FLOOR AREA RATIO CALCULATION (Existing & Proposed)
-See Appendix A
FOR A NEW HOUSE OR AN ADDITION

Owner _____
 Address _____
 Block Number _____ Lot(s) _____
 Zone _____ Permissible FAR, % _____

For Proposed House or Addition:

	Areas (sq. ft.)					
	1 st Floor	1 st floor	2 nd Floor	2 nd Floor	*Upper Story	*Upper Story
	Existing	Proposed	Existing	Proposed	Existing	Proposed
Area of Basic House Footprint						
Additional Factored Area for Cathedral Ceiling						
Additions						
Over Attached Garage						
Bay Window						
Heated Porches, Entries and Breezeways						
Garage Space Greater than 500 square feet						
Roofed Porches, Breezeways & Decks over 500 sq ft						
Other						
Deductions						
SUB-TOTALS						
TOTAL FLOOR AREA (sq. ft.)						

* The gross area of the full floor of any story containing a half-story, as defined. Divide the Total Floor Area by the Site Area to get the Actual FAR in percent.

Seal:

Existing **Proposed**
 Total Floor Area (sq. ft.) _____
 Site Area (sq. ft.) _____
 Actual FAR, % _____

Certified by: _____ Print Name: _____
 License #: _____ Date: _____

***This worksheet must be completed, sealed and certified by a licensed architect or engineer.
 IMPROVED LOT COVERAGE CALCULATION (Existing & Proposed)
 -See Appendix A**

Owner _____
 Address _____
 Block Number _____ Lot(s) _____
 Zone _____ Permissible Coverage, % _____

	Existing Area (sq. ft.)	Proposed Area (sq. ft.)	Remarks
Area of Basic House Footprint			
Additions			
Attached Garage			
Detached Garage			
Entries & Steps			
Porches, Breezeways & Roofed Decks			
Patios & Terraces			
Driveways & Parking Lots (paved or otherwise)			
Sidewalks & Walkways			
Tool Sheds			
Swimming Pools			
Walls			
Other			
TOTAL IMPROVED AREA			

Divide the Total Improved Area by the Site Area to get the Actual Coverage in percent.

Seal: **Existing** **Proposed**
 Total Improved Area (sq. ft.) _____
 Site Area (sq. ft.) _____
 Actual Coverage, % _____

Certified by: _____ Print Name _____
 License #: _____ Date: _____

SECTION 4. VERIFICATION AND AUTHORIZATION:

A) APPLICANT'S VERIFICATION

I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with this application are true.

Applicant's Signature

B) OWNER'S AUTHORIZATION

I hereby certify that I reside at _____ in the
County of _____ and State of

; and that I am the owner of all that certain lot, piece or parcel of land known as
Block(s) _____
Lot(s) _____ on the Tax Map of _____ which
property is the subject of the above application, and that said application is hereby
authorized by me.

Owner's Signature

BOROUGH OF MOUNTAIN LAKES
MOUNTAIN LAKES, NEW JERSEY

ZONING BOARD OF ADJUSTMENT

NOTICE OF HEARING TO PROPERTY OWNERS
Situated within 200 feet of property to be affected.

TO: _____

OWNER OF PREMISES: _____

In compliance with Chapter 40-35 of the Zoning Ordinance of the Borough of Mountain Lakes, New Jersey, notice is hereby served upon you to the effect that (I/We)

do hereby propose to (give detailed information) _____

on the premises at _____
Bl. _____, Lot _____ which is located within 200 feet of property owned by you.

The Construction Official/Zoning Officer refused this request by reason of it being in violation of Section _____ of the Zoning Ordinance, from which decision (I/We) hereby appeal.

(I/We) have applied to the Board of Adjustment for a relief under section 40-21.3 of the Land Use Ordinance for the following variances:

_____ and any other variances that may be determined by the Board.

Any person or persons affected by this (appeal/application) may have an opportunity to be heard at the meeting to be held _____, 20____, at 7:30 p.m. in the Council Chambers of the Borough of Mountain Lakes, 400 Boulevard, Mountain Lakes, NJ.

All documents relating to this application may be inspected by the public on weekdays between the hours of 8:45 a.m. and 4:00 p.m. in the office of the Borough Hall ten days prior to the hearing date.

Applicant

Application # _____

