

ZONING BOARD [] DATE OF SUBMISSION	PLANNING BOARD []				APPLICATION NO				
DO NOT WRITE ABOVE THIS LINE 1. TYPE OF APPLICATION: (Check as many boxes as applicable) Minor Subdivision [] Site plan Prelim. [] C.40-55D-70A [] Major Sub-Prelim [] Site Plan Final [] C.40-55D-70B [] Major Sub-Final [] Conditional Use [] C.40-55D-70C [] C.40-55D-70D []] 2. APPLICANT'S NAME STREET ADDRESS	ZONIN	IG BOARD []			ı	DATE OF SUBMISSION	I		
DO NOT WRITE ABOVE THIS LINE 1. TYPE OF APPLICATION: (Check as many boxes as applicable) Minor Subdivision [] Site plan Prelim. [] C.40-55D-70A [] Major Sub-Prelim [] Site Plan Final [] C.40-55D-70B [] Major Sub-Final [] Conditional Use [] C.40-55D-70C [] C.40-55D-70D [] C.40-55D-70	Filing F	Fee \$	Receipt	or Check No		Received By:			
1. TYPE OF APPLICATION: (Check as many boxes as applicable) Minor Subdivision [] Site plan Prelim. [] C.40-55D-70A [] Major Sub-Prelim [] Site Plan Final [] C.40-55D-70B [] C.40-55D-70D [] Major Sub-Final [] Conditional Use [] C.40-55D-70D [] C.40-5D									
Minor Subdivision [] Site plan Prelim. [] C.40-55D-70A [] Major Sub-Prelim [] Site Plan Final [] C.40-55D-70B [] Major Sub-Final [] Conditional Use [] C.40-55D-70C [] C.40-55D-70D []									
Major Sub-Prelim [] Site Plan Final [] C.40-55D-70B [] Major Sub-Final [] Conditional Use [] C.40-55D-70C [] C.40-55D-70C [] C.40-55D-70D [] 2. APPLICANT'S NAME	1.				·				
STREET ADDRESS		Major Sub-Prelim	[]	Site Plan Final	[]	C.40-55D-70B C.40-55D-70C	[]		
CITY AND STATE	2.	APPLICANT'S NAME	Ē						
3. OWNER'S NAME		STREET ADDRESS _				TELEPHONE			
STREET ADDRESS		CITY AND STATE				ZIP CODE			
CITY AND STATE	3.	OWNER'S NAME							
4. LOCATION STREET ADDRESS		STREET ADDRESS _				TELEPHONE			
STREET ADDRESS		CITY AND STATE				ZIP CODE			
SECTION NoLOT NOTAX MAPZONE DIST 5. DESCRIPTION OF PROPOSED USE: Brief Description of Application 6. DEED RESTRICTIONS OR COVENANTS: NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [4.	LOCATION							
5. DESCRIPTION OF PROPOSED USE: Brief Description of Application 6. DEED RESTRICTIONS OR COVENANTS: NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [STREET ADDRESS _				TELEPHONE			
Brief Description of Application 6. DEED RESTRICTIONS OR COVENANTS: NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [SECTION No.		_ LOT NO	TAX	MAP ZONE	DIST		
6. DEED RESTRICTIONS OR COVENANTS: NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [5.	DESCRIPTION OF PE	ROPOSED	USE:					
NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [Brief Description of	Applicat	ion					
NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [
NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [
NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [
NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [
NO [] YES [} Attach copy if yes. ARE TAXES PAID TO DATE: YES [] NO [6	DEED RESTRICTION	S OR COV	/FNΔNTS:					
	0.				TAXES P.	AID TO DATE: YES [] NO []		
7. ARGUMENTS FOR VARIANCES (IF REQUESTED) TO BE COMPLETED BY APPLICANT: Under Hardship Consideration:	7.		/ARIANCI	ES (IF REQUESTED)		_	ANT:		
onder Hardship consideration.		Chack Hardship co	- Islaciati						



8. ZONE REQUIREMENTS

	Lot #	Lot #	Lot #	Lot #	Required	Variance Requested			
Front									
One Side									
Both Sides									
Rear									
Other									
Height									
Bldg. Coverage									
Total Coverage									
Parking									
Other									
Other									
Other									
10. REQUESTS	FOR WAIV	ERS: (Reaso	ns)	: (To be comple					
11. PREVIOUS APPEALS OR ACTIVITY: NO [] YES [] If yes, Date: Type:									
						r 1			
Zoning Board [] Planning Board [] Approved [] Disapproved [] 12. LIST OF INDIVIDUALS WHO PREPARED PLANS:									
	Engineer Phone								
	Address								
	Planner Phone								
	Address Phone								
Lawyer					Phone				

Address _____



13. LIST OF MAPS, REPORTS, TAX AFFIDAVITS AND OTHER MATERIAL ACCOMPANYING	APPLICATION
14. ADDITIONAL INFORMATION	
IMPORTANT NOTICE TO APPLICANT	
Before filing this application or serving notices, inquiry should be made as to the ne the Board. This application must be filed at least 10 days prior to the date set for hearing days prior to the time set for said hearing, applicant shall give personal notice to all owner situate within or without the municipality, as shown by the most recent tax lists of the municipalities whose property or properties shown by said lists are located within 200 fee property to be affected by said appeal. Such notice shall be given by sending written noting tegistered or certified mail to the last known address of the property owners, as shown by the tax lists of said municipality or by hand delivering a copy thereof to the said property owners.	g. At least 10 rs of property ounicipality or et of the said ce thereof by e most recent
Where the owners are partnerships, service upon any partner as above outli sufficient, and where the owners are corporations, service upon any officer, as above set f sufficient.	
Applicant agrees to pay all costs related to review and processing of this applicat drawings to scale showing all details, adjoining properties affected, and all features involved should accompany application of appeal.	
Applicant must provide satisfactory evidence of payment of taxes on the proconsideration.	operty under
Said applicant shall by AFFIDAVIT present satisfactory proof to the said Board at th hearing that said notices have been duly served as aforesaid.	e time of the
Corporations appearing before Ewing Township Planning or Zoning Board must be by an attorney at law of the State of New Jersey.	erepresented

Applicant's Signature