

City of Lambertville
 18 York Street, Lambertville NJ 08530
 Phone: (609) 397-0803 ~ Fax: (609) 397-2203
 Email: construction@lambertvillenj.org

Planning & Board of Adjustment Application

Application Date: _____ Block: _____ Lot: _____
 Fees Paid: Application: \$ _____ Ck #: _____
 Escrow: \$ _____ Ck #: _____
 Application Address: _____

<u>APPLICATION TYPE:</u>	<u>FEE</u>	<u>ESCROW</u>
_____ Appeal	\$ _____	_____
_____ Request for Zoning Interpretation	_____	_____
_____ Hardship / Bulk Variance	_____	_____
_____ Use Variance	_____	_____
_____ Conditional Use Permit	_____	_____
_____ Conceptual Review	_____	_____
_____ Minor Subdivision	_____	_____
(Total # of Lots _____)		
_____ Preliminary Site Plan	_____	_____
(_____ S.F. Improvements)		
_____ Preliminary Major Subdivision	_____	_____
(Total # of Lots _____)		
_____ Final Site Plan	_____	_____
(_____ S.F. Improvements)		
_____ Final Major Subdivision	_____	_____
(Total # of Lots _____)		
_____ General Development Plan	_____	_____
_____ Re-Submittal	_____	_____
_____ Other: _____	_____	_____
Total Amount Paid:	_____	_____

Planning Board meets the first Wednesday of every month at 7:00 pm
 Zoning Board meets the last Thursday of every month at 7:30 pm
 (Unless otherwise noticed)
 Both meetings are held at the
 Justice Complex, 25 South Union Street, Lambertville NJ 08530

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Name of Owner: _____

Address: _____

Telephone: () _____ Email: _____

I have reviewed this application & accompanying documentation & consent to filing of the same with the City of Lambertville Planning Board / Zoning Board

Owner's Signature _____ *Date* _____

Name of Applicant (if different from owner): _____

Address: _____

Telephone: () _____ Email: _____

Applicant's Signature

Name of Attorney: _____

Address: _____

Telephone: () _____ Email: _____

Name of Engineer: _____

Address: _____

Telephone: () _____ Email: _____

Name of Applicant's Agent: _____

Address: _____

Telephone: () _____ Email: _____

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I do hereby appoint _____ to perform all duties as maybe required to
Agent's Name (please print)
 Prosecute this application before the designated agencies & departments of the City. I
 do further acknowledge my agent will be the sole recipient of all documentation
 (reports, agendas, etc.) produced by the City of Lambertville with regard to this matter.

 Applicant's Signature Date

 Owners' Signature Date

Property Information

Zoning District: _____ Tax Map: Page: _____ Block _____ Lot: _____

Present use of Property: _____

Property Dimensions, etc.:

	Minimum	Actual	Proposed
Lot Area	_____	_____	_____
Lot Width at Street	_____	_____	_____
Lot Width of Setback Line	_____	_____	_____
Lot Depth	_____	_____	_____
Front Setback	_____	_____	_____
Left Side Setback	_____	_____	_____
Right Side Setback	_____	_____	_____
Rear Yard Setback	_____	_____	_____
Maximum Bldg Height	_____	_____	_____
Structures, Blacktop & Other	_____	_____	_____
Coverage (SF)			
Lot Coverage %	_____	_____	_____

1. Is the property a corner lot?

2. Date this Applicant acquired the property or an interest in the property:

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3. The Zone in which the property is located:

4. Acreage of entire tract:

5. Is the property located:

On a County Road? ___ Yes ___ No

Within 200 feet of a Municipal Boundary? ___ Yes ___ No

Located on a State Highway? ___ Yes ___ No

6. Are there any existing or proposed deed restrictions, easements, right of ways or other dedication? ___ Yes ___ No (if yes please attach a copy)

7. Has this property been subject of any prior approvals or denials by the Planning Board of Board of Adjustment? ___ Yes ___ No (if yes, please specify)

What special reasons support the granting of the variance, if applicable?

Description of approval being requested:

Please list requests for waivers of submission of documents and the reasons therefore:

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