Application shall be submitted to the Land Use Board Secretary no less than twenty-one (21) calendar days prior to the requested meeting date. An application shall not be considered until all the documents listed below have been submitted.

1. _____ Completed original application including all supporting documents separated into six (6) individual packets
2. _____ A PDF electronic version of the completed application emailed to lubsecretary@beachhaven-nj.gov
3. _____ Fees: Application and Escrow fee in two separate checks made payable to the Borough of Beach Haven (see below for fee schedule)
   A. Subdivision Fees (90-1): https://ecode306.com/8937882
   B. Site Plan Fees (90-2): https://ecode360.com/8937883
   C. Hold-over Fees (90-3): https://ecode360.com/8937884

The following must be in 10 calendar days prior to hearing date:

4. _____ Certified list of property owners within 200 feet of subject property from the Tax Collector’s Office
5. _____ Certified mail receipts showing postal date stamp from letters sent to property owners
6. _____ Certification in writing from the Tax Collector that all taxes are paid in full for the current quarter.
7. _____ Original Affidavit of Proof of Service
8. _____ Original Affidavit of Publication to Newspapers
9. _____ Original Notice to Property Owners
10. _____ Original Affidavit of Ownership by Business Entity
11. _____ Original Affidavit of Ownership by an Individual
12. _____ One (1) copy of this Checklist
13. _____ Other Reports per Submission Checklist

Should you have any further questions, please feel free to contact me, Lauren Caravano, at the contact information listed below.

Lauren Caravano
Land Use Board Secretary
609-492-0111 ext. 204
lubsecretary@beachhaven-nj.gov
LAND USE DEVELOPMENT APPLICATION

300 Engleside Avenue
Beach Haven, New Jersey 08008
609-492-0111

TO BE COMPLETED BY BOROUGH STAFF ONLY

| Date Filed: ___________________________ | Docket # ____________________________ |
| Application Fee: ______________________ | Escrow Deposit: ______________________ |
| Technical Review: _____________________ | Hearing Date: ________________________ |

1. SUBJECT PROPERTY: (TO BE COMPLETED BY APPLICANT)

   Location: _____________________________________________________________________
   Tax Map: Page: ________________ Block: _________ Lot(s): ________________
   Page: ________________ Block: _________ Lot(s): ________________
   Dimensions: Frontage: ________________ Dept: _________ Total Area: _________
   Zoning District: ________________________________

2. APPLICANT:

   Name: ________________________________________________________________________
   Address: _____________________________________________________________________
   Phone Number: Local #: ___________________________ Cell #: ______________________
   Work #: ___________________________ Fax #: _________________________________
   Email Address: _____________________________________________________________________________
   Applicant is: Corporation ________ Partnership ________ Individual ________
   Other (Please Specify) ________________________________

3. DISCLOSURE STATEMENT:

   Pursuant to N.J.S. 40:550-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40:550-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed (Attach pages as necessary to fully comply.)

   Name: ___________________________ Address: ___________________________ Interest: _________
   Name: ___________________________ Address: ___________________________ Interest: _________

**APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL PROFESSIONAL REVIEW FEES, INCLUDING THE ENGINEER AND ATTORNEY, ALL ENGINEERING AND LEGAL FEES MUST BE PAID BEFORE CONSTRUCTION OR ZONING PERMITS CAN BE ISSUED. **
4. **If owner(s) is other than the applicant, provide the following information on the owner(s):**

Owners Name: __________________________________________________________________________

Address: _______________________________________________________________________________

Phone Number: Local #: __________________________ Cell #: ______________________

Work #: __________________________ Fax #: ______________________

Email Address: __________________________________________________________________________

Relationship of the applicant to the property in question:
Owner: _____________ Lessee: ____________ Purchaser Under Contract: ___________ Other: _________

5. **PROPERTY INFORMATION:**

Deed restrictions, covenants, easements, rights of way, association by-laws, or other dedication existing or proposed on the property:

Yes (attach copies) No Proposed __________________

**Note:** All Deed Restrictions Covenants, Easements, Rights of Ways, Association By-Laws, or other dedications existing and proposed must be submitted for review.

Site Plan and/or conditional use applicants:

Proposal for: New Structure_______ Expanded Area________ Alteration________

Expansion of Structure_______ Change of Use _________ Sign________

Other (please specify) __________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Has this property been the subject of any prior application(s) to the Planning Board or Zoning Board of Adjustment? Yes ______ No ______

If yes, please attach the dates(s), the relief sought, the disposition of the case and a copy of the Resolution(s).

Is the subject property located on?
A County Road: Yes ______ No ______ A State Road: Yes ______ No ______

Within 200 feet of a Municipal boundary: Yes ______ No ______

Present use of the premises: ______________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

6. **Applicant’s Attorney:** ______________________________________________________________________

Address: ______________________________________________________________________

Phone #: ____________________ Fax #: ____________________ Email: ____________________

7. **Applicant’s Engineer:** ______________________________________________________________________

Address: ______________________________________________________________________

Phone #: ____________________ Fax #: ____________________ Email: ____________________
8. Applicant’s Planning Consultant: ________________________________________________________
   Address: ___________________________________________________________________________
   Phone #: __________________ Fax #: __________________ Email: __________________________

9. Applicant’s Architect:
   Address: ___________________________________________________________________________
   Phone #: __________________ Fax #: __________________ Email: __________________________

10. List any other Expert who will submit a report or testify for the Applicant: (attach additional sheets if necessary)
    Name: ______________________________________________________________________________
    Field of Expertise: _____________________________________________________________________
    Address: ___________________________________________________________________________
    Phone #: __________________ Fax #: __________________ Email: __________________________

11. Application Represents a Request for the Following:

    SUBDIVISION:
    ______ Minor Subdivision Approval
    ______ Subdivision Approval ~ Preliminary
    ______ Subdivision Approval ~ Final
    Number of Lots to be created ______ Number of Proposed Dwelling Units (if applicable) ______
    Area and Dimension of each proposed lot: ________________________________________________

    SITE PLAN:
    ______ Minor Site Plan Approval
    ______ Preliminary Site Plan Approval {Phases (if applicable) ______ }  
    ______ Final Site Plan Approval {Phases (if applicable) ______ }  
    ______ Amendment or Revision to an Approved Site Plan
    Area to be disturbed (square feet): ______________________________________________________
    Total number of dwelling units: _______________________________________________________
    ______ Request for Waiver from Site Plan Review and Approval
    Reason for Request: _________________________________________________________________

    ______ Informal Review
    ______ Appeal Decision of an Administrative Officer {N.J.S. 40:55D-70A}
    ______ Map or Ordinance Interpretation or Special Question {N.J.S. 40:55D-70B}
    ______ Variance Relief (Hardship) {N.J.S. 40:55D-70C (1)}
    ______ Variance Relief (Substantial Benefit) {N.J.S. 40:55D-70C (2)}
    ______ Variance Relief (OSE) {N.J.S. 40:55D-70D}
    ______ Conditional Use Approval {N.J.S. 4Q: SSD-67}
    ______ Direct Issuance of a Permit for a Structure in Bed of a Mapped Street, Public Drainage Way or a Flood Control Basin {N.J.S. 4Q: 55D-34}
    ______ Direct Issuance of a Permit for a Lot Lacking Street Frontage {N.J.S. 40: 55D-35}

12. Section(s) of Ordinance from which a variance is requested:
    ________________________________________________________________________________
    ________________________________________________________________________________
13. Waivers Requested of Development Standards and/or Submission Requirements (attach additional pages as needed):
________________________________________________________________________________________
________________________________________________________________________________________

14. Attach a copy of the proposed notice to appear in the Official Newspaper in the Municipality and to be mailed to the owners of all real property as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application.
THE NOTICE MUST SPECIFY THE SECTIONS OF THE ORDINANCE FROM WHICH RELIEF IS SOUGHT (if applicable).

The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing.

15. An Affidavit of Service on all property owners and a Proof of Publication must be filed before the Application will be complete and the hearing can proceed.

Explain in detail the exact nature of the Application and the changes to be made at the premises, including the proposed use of the premises (attach pages as needed):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

16. Is a public water line available? _______________________________________________________
17. Is a public sanitary sewer available? ____________________________________________________
18. Does the application propose any lighting? _______________________________________________
19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate Block and Lot number? _________________________________________________________________
20. Are any off-tract improvements required?
21. Is the Subdivision to be filed by Deed or Plat? ____________________________________________
22. What form of security does the applicant propose to provide as performance and maintenance guarantees? _________________________________________________________________
23. Other approvals which may be required and date plans submitted:

<table>
<thead>
<tr>
<th>Approval</th>
<th>YES</th>
<th>NO</th>
<th>DATE PLANS SUBMITTED</th>
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<tbody>
<tr>
<td>Local Fire Prevention</td>
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<td>Beach Haven Water Dept</td>
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<td>Beach Haven Sewerage Authority</td>
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<td>Beach Haven Public Works Dept.</td>
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<td>Long Beach Island Health Dept.</td>
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<td>Ocean County Planning Board</td>
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<td>Ocean County Soil Conservation Dept.</td>
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<td>NJ Dept Environmental Protection</td>
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<tr>
<td>Sanitary Sewer Connection Permit</td>
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<td>Sewer Extension Permit</td>
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<td>Waterfront Development Permit</td>
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<tr>
<td>Wetlands Permit</td>
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24. Certification from the Tax collector that all taxes due on the subject property have been paid.

25. List of Maps, Reports and other Materials accompanying the application (attach additional pages as required for complete listing).

**The documentation must be received by the Board Secretary at least twenty-one (21) days prior to the meeting at which the application is to be considered. A list of the Professional Consultants is attached to this application form.**

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<tr>
<th>Quantity</th>
<th>Description of Item</th>
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</table>

26. The applicant hereby requests that copies of the reports of the professional staff reviewing the application shall be provided to the following of the applicant’s professionals:

Specify which reports are requested for each of the applicant’s professionals or whether ALL reports should be submitted to the professionals listed.

<table>
<thead>
<tr>
<th>Applicant’s Professionals</th>
<th>Reports Requested</th>
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</thead>
<tbody>
<tr>
<td>Attorney</td>
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<tr>
<td>Engineer</td>
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</tbody>
</table>

27. Check Lists Used:

Schedule A  ___ Yes   ___ No
Schedule B  ___ Yes   ___ No
Schedule C  ___ Yes   ___ No

28. I hereby certify that the foregoing statements and the materials submitted are true, and waive all applicable time limits until the first public hearing of the application. I further certify that I am the individual applicant or that I am an officer of the corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general Partner of the Partnership applicant. (If the applicant is a Corporation, this MUST be signed by an authorized corporate officer. If the applicant is a Partnership, this MUST be signed by a General Partner).

__________________________________________
SIGNATURE OF APPLICANT   DATE

__________________________________________
SIGNATURE OF OWNER   DATE
29. I, the Developer/Applicant understand that a sum, to be determined by the Administrative Officer, will be deposited into an escrow account in accordance with the Ordinances of the Borough of Beach Haven. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and/or other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

_______________________________________
SIGNATURE OF APPLICANT

____________________
DATE

BOROUGH OF BEACH HAVEN PROFESSIONAL CONSULTANTS

Land Use Board Attorney
Robert Shinn, Esquire
2 N Union St.
P.O. Box 134
Manahawkin, NJ 08050
609-597-5666
609-597-3832 (FAX)

Land Use Board Engineer/Planner:
Frank J. Little, Jr., P.E., P.P.
Owen Little & Associates
443 Atlantic City Blvd.
Beachwood, NJ 08722
732-244-1090
732-341-3412 (FAX)

Beach Haven Borough Attorney:
Bruce Padula, Esquire
Cleary Giacobbe Alfieri Jacobs, LLC
955 Route 34, Suite 200
Matawan, NJ 07747
732-583-7474
732-290-0753 (FAX)
AFFIDAVIT OF OWNERSHIP BY AN INDIVIDUAL

STATE OF NEW JERSEY:

COUNTY OF OCEAN : SS

_________________________ of full age, being duly sworn according to law, on oath deposes and
says that he or she resides at ________________________, in the Municipality of Beach
Haven, County of Ocean and the State of New Jersey, that he or she is the owner in fee simple, of all that
certain lot, tract, or parcel of land, situated, lying and being in the Borough of Beach Haven, Ocean County,
State of New Jersey, and known and designated as LOT: ______, BLOCK: ______ and that he or she hereby
authorizes and appoints ________________________ as his or her attorney, in fact, to make
the within Application on his or her behalf to the Land Use Board of the Borough of Beach Haven, Ocean
County, State of New Jersey.

________________________________________   _________________________
SIGNATURE OF OWNER/APPLICANT   DATE

________________________________________   _________________________
SIGNATURE OF OWNER/APPLICANT   DATE

Sworn and subscribed to
Before me this ______ day
Of ____________, 20____.

________________________________________
NOTARY PUBLIC
NOTICE OF HEARING

** SERVED TO PROPERTY OWNERS WITHIN 200 FEET**

To: ________________________________

_________________________________

_________________________________

Application # ________________________________

PLEASE TAKE NOTICE that the undersigned has filed an Appeal or Application for Development with the
Land Use Board of the Borough of Beach Haven, in the County of Ocean, for a

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

on the premises known as ________________________________

LOT: ____________________ BLOCK: _____________________ on the Borough tax map, which is
within 200 feet of the property owned by you. A public hearing has been set for: __________________
at 6:00 p.m. on the online platform Zoom, Meeting ID# ________________________ at which time you may appear
personally or by agent or attorney and present any objections which you may have to the granting of this
application.

Documents are available for inspection at the office of the Land Use Board Secretary, 300 Engleside Ave.,
Beach Haven, New Jersey, during normal business hours.

THIS NOTICE IS BEING SENT TO YOU BY THE APPLICANT, AS IS REQUIRED BY LAW.

Respectfully,

________________________________________
SIGNATURE OF APPLICANT
BOROUGH OF BEACH HAVEN LAND USE BOARD
300 Engleside Avenue
Beach Haven, NJ 08008

NOTICE OF HEARING

**NEWSPAPER**

PLEASE TAKE NOTICE that ________________________________ have appealed to the Land Use Board of the Borough of Beach Haven, in the County of Ocean for a ____________________________________________________________________________

_____________________________________________________________________________
on premises known as ________________________________
LOT: _________ BLOCK: _________ This appeal is Application Number: __________
on the Land Use Board Docket and a public hearing has been ordered for: _________________
at 6:00 p.m. on the online platform Zoom, Meeting ID# _________________ at which time you
may appear personally or by agent or attorney and present any objections which you may have
to the granting of this application.

Documents are available for inspection at the office of the Land Use Board Secretary, 300
Engleside Ave., Beach Haven, New Jersey, during normal business hours.

____________________________________  ________________________
Signature of Applicant  Date
AFFIDAVIT OF PROOF OF SERVICE

State of New Jersey

County of Ocean SS: __________________________ of full age, being duly sworn according to law, deposes and says:

That ______________________________ resides at _______________________________, in the Municipality of _____________________________, County of _____________________________ and State of _____________________ and is the appellant in a proceeding before the Land Use Board of the Borough of Beach Haven in the County of Ocean, having the above Docket Number being an appeal or application regarding property known as LOT: ______ BLOCK: ______, on the Tax Map of the Borough of Beach Haven.

That ___________________________ gave written notice of the hearing on this application to each and all of the persons upon whom service must be had in the required form and according to the attached lists and in the manner indicated thereon.

________________________________________
SIGNATURE OF APPLICANT

Sworn and subscribed
Before me this _____ day
of _________________.
20______.

NOTARY PUBLIC